

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 14 AUG 15 PM 1:03 Office Use Only

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

CITIZENS FOR COCHRAN

ADDRESS (number and street)

PO BOX 7183

Check if different than previously reported. (ACC)

TUPELO

MS

38802

2. FEC IDENTIFICATION NUMBER

C C00091892

CITY

STATE

ZIP CODE

STATE DISTRICT

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 06/05/2014

through

MM/DD/YYYY 06/30/2014

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 08/14/2014

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)

14020662975

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**CITIZENS FOR COCHRAN**

Report Covering the Period: From: 

M	06
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 / 

D	05
---	----

 / 

Y	2014
---	------

 To: 

M	06
---	----

 / 

D	30
---	----

 / 

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)) ...	1591406.47	5840777.54
(b) Total Contribution Refunds (from Line 20(d)) ..	4103.34	6103.34
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	1587303.13	5834674.20
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	1332562.90	5894026.41
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	9529.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	1332562.90	5884496.93
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	714290.02	
<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>	440751.04	

**For further information contact:**

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

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

14020662976

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 541

Write or Type Committee Name

**CITIZENS FOR COCHRAN**

Report Covering the Period: From: 

MM	DD	YYYY
06	05	2014

 To: 

MM	DD	YYYY
06	30	2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) ...	701428.98	2981524.94
(ii) Unitemized .....	22827.49	95097.98
(iii) TOTAL of contributions from individuals	724256.47	3076622.92
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	867150.00	2764154.62
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1591406.47	5840777.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	53604.74	113069.41
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	9529.48
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	66.42	7096.40
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	1645077.63	6120472.83

14920662977

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 541

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	1332562.90	5894026.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	1853.34	1853.34
(b) Political Party Committees...	0.00	2000.00
(c) Other Political Committees (such as PACs)...	2250.00	2250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	4103.34	6103.34
21. OTHER DISBURSEMENTS .....	0.00	64800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1336666.24	5964929.75

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	405878.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	1645077.63
25. SUBTOTAL (add Line 23 and Line 24) ...	2050956.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	1336666.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	714290.02

1 1 0 2 0 6 6 2 9 7 8

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 541
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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

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

Full Name (Last, First, Middle Initial) <b>BOBBY ACORD</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 221 EAST POINTE RD		Transaction ID : SA11AI.27311
City ROCKY POINT	State NC	Zip Code 28457
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer ACORD CONSULTING	Occupation CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>JOEL M ADLER</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2677 RIDGE VALLEY RD NW		Transaction ID : SA11AI.27931
City ATLANTA	State GA	Zip Code 30327
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer SELF	Occupation ORAL & MAXILLOFACIAL PATHOLOGIST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>SAMUEL L. AGNEW</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 242 GRANVILLE CT		Transaction ID : SA11AI.27918
City BATON ROUGE	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer ENVIRONMENTAL TECH SALES, INC.	Occupation SALES	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

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

14020662979

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

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

FOR LINE NUMBER: PAGE 6 OF 541  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**DUNCAN ALEXANDER**

Mailing Address **PO BOX 366**

City **GENEVA** State **IL** Zip Code **60134**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt **06 / 18 / 2014**  
Transaction ID : **SA11AI.27167**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **PO BOX 366**

City **GENEVA** State **IL** Zip Code **60134**

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 **5000.00**

Date of Receipt **06 / 18 / 2014**  
Transaction ID : **SA11AI.27168**

Amount of Each Receipt this Period **2400.00**

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

Mailing Address **P O BOX 1265**

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

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

Name of Employer **A & B ELECTRIC CO INC** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2000.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.26896**

Amount of Each Receipt this Period **1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **6000.00**

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

11020662990

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

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 541	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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

Full Name (Last, First, Middle Initial) <b>DEBORAH W. ALLEN</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 16 DEVONSHIRE WAY		Transaction ID : SA11AI.26574	
City FLORA	State MS	Zip Code 39071	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED	Election Cycle-to-Date 5200.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>DREW ALLEN II</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 1402 HELLMERS LN		Transaction ID : SA11AI.28195	
City OCEAN SPRINGS	State MS	Zip Code 39564	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALLEN BEVERAGES INC	Occupation PRESIDENT/CEO	Election Cycle-to-Date 5200.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>HARRY R. ALLEN</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 1529 MAGNOLIA ST #15		Transaction ID : SA11AI.27925	
City GULFPORT	State MS	Zip Code 39507	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALLEN COBB HOOD & ATKINSON	Occupation ATTORNEY	Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

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

1020662981

**SCHEDULE A (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 541
	<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. MEREDITH ALLEN</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1100 GRAND BLVD		Transaction ID : SA11AI.27338
City GREENWOOD	State MS	Zip Code 38930
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer STAPLCOTN	Occupation COTTON MARKETING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>B. SIDNEY ALLEN</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 16 DEVONSHIRE WAY		Transaction ID : SA11AI.26573
City FLORA	State MS	Zip Code 39071
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer CLAW FORESTRY	Occupation CFO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM H. ALLEN</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address P.O. BOX 2302		Transaction ID : SA11AI.27844
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4600.00
<b>TOTAL</b> This Period (last page this line number only).....	

1020552992



**SCHEDULE A (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 541
	<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)  
**FLOYD S. ANDERSON Jr.**

Mailing Address 550 THREE MILE LAKE RD

City INVERNESS	State MS	Zip Code 38753
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Date of Receipt: 06 / 18 / 2014  
Transaction ID : SA11AI.27852

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 1000.00

Name of Employer ANDERSON PLANTING CO.	Occupation FARMER
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Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date: 2000.00

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

Mailing Address 1001 S. 10TH ST.  
PMB 688

City McALLEN	State TX	Zip Code 78501
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Date of Receipt: 06 / 18 / 2014  
Transaction ID : SA11AI.27166

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 250.00

Name of Employer SELF	Occupation FARMER
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Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date: 1500.00

**C.** 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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Date of Receipt: 06 / 09 / 2014  
Transaction ID : SA11AI.26994

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 150.00

Name of Employer MONTGOMERY COLLEGE	Occupation EDUCATOR
--	------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date: 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

11030662989

**SCHEDULE A (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 541
	<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 E. APOSTOLOU**

Mailing Address 10743 RIVERSCAPE RUN

City <b>GREAT FALLS</b>	State <b>VA</b>	Zip Code <b>22066</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>HUNTINGTON INGALLS</b>	Occupation <b>VP LEGISLATIVE AFFIARS</b>
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Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 20 / 2014**

Transaction ID : **SA11AI.28078**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 3897 HIGHWAY 8

City <b>RULEVILLE</b>	State <b>MS</b>	Zip Code <b>38771</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>ARANT ACRES</b>	Occupation <b>FARMER</b>
--	-----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 18 / 2014**

Transaction ID : **SA11AI.27846**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 3731 HWY 8

City <b>RULEVILLE</b>	State <b>MS</b>	Zip Code <b>38771</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>SELF</b>	Occupation <b>FARMER</b>
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Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**350.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 13 / 2014**

Transaction ID : **SA11AI.26848**

Amount of Each Receipt this Period  
**175.00**

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

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

**2175.00**

1 5 6 6 2 0 0 0 0 1 3 4

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 541
	<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)  
**TURNER ARANT**

A. Mailing Address **414 BLAINE RD**

City <b>SUNFLOWER</b>	State <b>MS</b>	Zip Code <b>38778</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>FARMING</b>
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Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  

MM	DD	YYYY
06	16	2014

Transaction ID : **SA11AI.27430**

Amount of Each Receipt this Period  
**500.00**

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

B. Mailing Address **P.O. BOX 991**

City <b>VICKSBURG</b>	State <b>MS</b>	Zip Code <b>39181</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>WHEELLESS, SHAPPLEY, BAILESS</b>	Occupation <b>ATTORNEY</b>
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Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
06	13	2014

Transaction ID : **SA11AI.26762**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**MAC BAKER**

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

City <b>LELAND</b>	State <b>MS</b>	Zip Code <b>38756</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>BOURBON PLANTATION</b>	Occupation <b>FARMER</b>
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Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  

MM	DD	YYYY
06	20	2014

Transaction ID : **SA11AI.28117**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

50679505

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 541	
	<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>HAROLD J. BARKLEY Jr.</b>			Date of Receipt MM / DD / YYYY 06 / 06 / 2014	
A. Mailing Address P.O. BOX 55849			Transaction ID : SA11AI.26425	
City JACKSON	State MS	Zip Code 39296	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>CHUCK BARLOW</b>			Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
B. Mailing Address 115 FAWNWOOD DRIVE			Transaction ID : SA11AI.27178	
City BRANDON	State MS	Zip Code 39042	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ENTERGY SERVICES INC		Occupation VP ENVIRONMENTAL		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>RICK BARRY</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
C. Mailing Address 5022 5TH PLACE			Transaction ID : SA11AI.27417	
City MERIDIAN	State MS	Zip Code 39305	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer BOURDEAUX & JONES		Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2000.00		

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

10029852986

**SCHEDULE A (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 541
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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

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

Full Name (Last, First, Middle Initial) <b>LARRY BEAM</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address 1836 CONTINENTAL LANE		Transaction ID : SA11AI.27258
City ESCONDIDO	State CA	Zip Code 92029
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer GENERAL ATOMICS	Occupation HEAD OF PROGRAM MGT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>STEPHEN BELL</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address 1253 DARTMOUTH COURT		Transaction ID : SA11AI.27254
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer BIPARTISAN POLICY CENTER	Occupation SR. DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>JOHN BERGERON</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 507 FRANKLIN ST		Transaction ID : SA11AI.27465
City NATCHEZ	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BERGERON & PLAUCHE	Occupation MGMT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

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

130662987

**SCHEDULE A (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 541
	<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>SHERRON L BIGGERS</b>		Date of Receipt
Mailing Address 857 SCHILLING FARMS CR		MM / DD / YYYY 06 / 13 / 2014
City	State	Zip Code
COLLIERVILLE	TN	38017
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26766
Name of Employer MERCK		Amount of Each Receipt this Period
Occupation EXECUTIVE		1000.00
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Runoff	1000.00	

Full Name (Last, First, Middle Initial) <b>H. E. BLAKESLEE</b>		Date of Receipt
Mailing Address 62 52ND ST		MM / DD / YYYY 06 / 13 / 2014
City	State	Zip Code
GULFPORT	MS	39507
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26878
Name of Employer IHL BOARD OF TRUSTEES		Amount of Each Receipt this Period
Occupation BOARD MEMBER		250.00
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Runoff	250.00	

Full Name (Last, First, Middle Initial) <b>H. E. BLAKESLEE</b>		Date of Receipt
Mailing Address 62 52ND ST		MM / DD / YYYY 06 / 23 / 2014
City	State	Zip Code
GULFPORT	MS	39507
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28189
Name of Employer IHL BOARD OF TRUSTEES		Amount of Each Receipt this Period
Occupation BOARD MEMBER		250.00
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Runoff	500.00	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM D. BLAKESLEE**

Mailing Address **41 GREENBRIAR DR**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y Y Y  
**06 / 13 / 2014**

Transaction ID : **SA11AI.26886**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **31 WETS KIRKE ST**

City **CHEVY CHASE** State **MD** Zip Code **20815**

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

Name of Employer **AEROSPACE INDUSTRIES ASSOC** Occupation **PRESIDENT & CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2000.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y Y Y  
**06 / 20 / 2014**

Transaction ID : **SA11AI.27682**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**WALTER J. BLESSEY IV**

Mailing Address **P.O. BOX 183**

City **BILOXI** State **MS** Zip Code **39533**

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

Name of Employer **BLESSEY MARINE SERVICES, INC** Occupation **CHAIRMAN/CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y Y Y  
**06 / 19 / 2014**

Transaction ID : **SA11AI.27917**

Amount of Each Receipt this Period  
**150.00**

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

**2400.00**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 541  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**BUFORD BLOUNT**

Mailing Address **11 SAINT MARTIN RD.**

City State Zip Code  
**HATTIESBURG MS 39402**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**350.00**

Date of Receipt  
**06 / 11 / 2014**

Transaction ID : **SA11AI.27332**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **32400 TELEGRAPH RD**

City State Zip Code  
**BINGHAM FARMS MI 48025**

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

Name of Employer Occupation  
**PARAGON PROPERTIES CORP EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
**06 / 11 / 2014**

Transaction ID : **SA11AI.26523**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**JERRY BOATMAN**

Mailing Address **196 NORTH HILL DRIVE**

City State Zip Code  
**CARRIERE MS 39426**

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

Name of Employer Occupation  
**MS STATE UNIVERSITY INFORMATION TECH**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**350.00**

Date of Receipt  
**06 / 11 / 2014**

Transaction ID : **SA11AI.27326**

Amount of Each Receipt this Period  
**250.00**

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

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

**1500.00**

11030652990



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

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

FOR LINE NUMBER: PAGE 17 OF 541  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**JERRY BOATMAN**

**A.** Mailing Address 196 NORTH HILL DRIVE

City CARRIERE	State MS	Zip Code 39426
------------------	-------------	-------------------

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : SA11AI.27607

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer MS STATE UNIVERSITY	Occupation INFORMATION TECH
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)  
**NORMAN R. BOBINS**

**B.** Mailing Address 209 E. LAKE SHORE DR  
UNIT 10E

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.28133

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer NORMAN BOBINS CONSULTING LLC	Occupation CHAIRMAN
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)  
**JOHN W. BODE**

**C.** Mailing Address 28389 CATALPA POINT RD

City EASTON	State MD	Zip Code 21601
----------------	-------------	-------------------

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11AI.26622

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer JOHN BODE, LLC	Occupation ATTORNEY
------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 541  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**BRAD BOERNER**

Mailing Address P.O. BOX 205

City State Zip Code  
**BROOKHAVEN MS 39602**

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

Name of Employer Occupation  
**BOENER LAW FIRM ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**500.00**

Date of Receipt

**06 / 10 / 2014**

Transaction ID : SA11AI.27259

Amount of Each Receipt this Period

**250.00**

Full Name (Last, First, Middle Initial)  
**MICHAEL BOLEN**

Mailing Address 111 POPLAR DRIVE

City State Zip Code  
**BRANDON MS 39047**

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

Name of Employer Occupation  
**HOOD AND BOLEN, PLLC ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**250.00**

Date of Receipt

**06 / 20 / 2014**

Transaction ID : SA11AI.28112

Amount of Each Receipt this Period

**250.00**

Full Name (Last, First, Middle Initial)  
**KYOUNG BONN**

Mailing Address 4202 DODGE ST

City State Zip Code  
**OMAHA NE 68131**

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

Name of Employer Occupation  
**ASHLEY LYNN'S INC OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**1000.00**

Date of Receipt

**06 / 22 / 2014**

Transaction ID : SA11AI.27692

Amount of Each Receipt this Period

**1000.00**

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 541  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**KIRBY BOTELER**

Mailing Address **726 B EUCLID AVE.**

City **JACKSON** State **MS** Zip Code **39202**

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

Name of Employer **NICHOLS RESEARCH** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt **06 / 06 / 2014**

Transaction ID : **SA11AI.26418**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **101 OAKHURST TRAIL**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5200.00**

Date of Receipt **06 / 12 / 2014**

Transaction ID : **SA11AI.26680**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **101 OAKHURST TRIAL**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **7700.00**

Date of Receipt **06 / 12 / 2014**

Transaction ID : **SA11AI.26681**

Amount of Each Receipt this Period **2600.00**

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

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

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

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

FOR LINE NUMBER: PAGE 20 OF 541  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. CAROLINE E. BOYD**

Mailing Address **4424 CAROLINA HWY**

City <b>DENMARK</b>	State <b>SC</b>	Zip Code <b>29042</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>CAROLINE COLLECTION</b>	Occupation <b>OWNER</b>
--	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date <b>7800.00</b>
--

Date of Receipt  
MM / DD / YYYY  
**05 / 14 / 2014**

Transaction ID : **SA11AI.32646**

Amount of Each Receipt this Period  
**2600.00**

See 2nd Qtr report Redesignation below

**[MEMO ITEM]**

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

Mailing Address **4424 CAROLINA HWY**

City <b>DENMARK</b>	State <b>SC</b>	Zip Code <b>29042</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>CAROLINE COLLECTION</b>	Occupation <b>OWNER</b>
--	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date <b>5200.00</b>
--

Date of Receipt  
MM / DD / YYYY  
**06 / 19 / 2014**

Transaction ID : **SA11AI.32647**

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

Redesignated below

**[MEMO ITEM]**

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

Mailing Address **4424 CAROLINA HWY**

City <b>DENMARK</b>	State <b>SC</b>	Zip Code <b>29042</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>CAROLINE COLLECTION</b>	Occupation <b>OWNER</b>
--	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date <b>7800.00</b>
--

Date of Receipt  
MM / DD / YYYY  
**06 / 19 / 2014**

Transaction ID : **SA11AI.32648**

Amount of Each Receipt this Period  
**2600.00**

Redesignated

**[MEMO ITEM]**

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

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

**0.00**

50100692994

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

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

FOR LINE NUMBER: PAGE 21 OF 541  
(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)  
**JOHN W. BOYD**

**A.** Mailing Address 4424 CAROLINA HWY

City State Zip Code  
DENMARK SC 29042

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

Name of Employer Occupation  
AUGUSTA FIBERGLASS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 7800.00

Date of Receipt  
 MM / DD / YYYY  
 05 / 14 / 2014  
 Transaction ID : SA11AI.32649

Amount of Each Receipt this Period  
 2600.00  
 See 2nd qtr report Redesignation below  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**JOHN W. BOYD**

**B.** Mailing Address 4424 CAROLINA HWY

City State Zip Code  
DENMARK SC 29042

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

Name of Employer Occupation  
AUGUSTA FIBERGLASS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5200.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 19 / 2014  
 Transaction ID : SA11AI.32650

Amount of Each Receipt this Period  
 -2600.00  
 Redesignated below  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**JOHN W. BOYD**

**C.** Mailing Address 4424 CAROLINA HWY

City State Zip Code  
DENMARK SC 29042

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

Name of Employer Occupation  
AUGUSTA FIBERGLASS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
 Election Cycle-to-Date  
 7800.00

Date of Receipt  
 MM / DD / YYYY  
 06 / 19 / 2014  
 Transaction ID : SA11AI.32651

Amount of Each Receipt this Period  
 2600.00  
 Redesignated  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... 0.00  
**TOTAL** This Period (last page this line number only).....

5662995

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 541
	<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>HINES BRANNAN</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2978 RIDGEWOOD RD NW		Transaction ID : SA11AI.27671
City ATLANTA	State GA	Zip Code 30327
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>DAN BRANTON</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2654 OLD HWY 61		Transaction ID : SA11AI.26725
City LELAND	State MS	Zip Code 38756
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>DAN BRANTON</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2654 OLD HWY 61		Transaction ID : SA11AI.26961
City LELAND	State MS	Zip Code 38756
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 541	
	<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>JOHN I. BRASHER</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 145 BRASHER RD		Transaction ID : SA11AI.27898	
City BATESVILLE	State MS	Zip Code 38606	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer TREASURER LOANS	
Occupation OWNER		Election Cycle-to-Date 1750.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>JOHN BRASHIER</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 28 EUREKA PLANTATION ROAD		Transaction ID : SA11AI.26701	
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 EUREKA PLANTATION	
Occupation FARMER		Election Cycle-to-Date 3600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>EDEN BRENT</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 811 ARNOLD AVE		Transaction ID : SA11AI.27162	
City GREENVILLE	State MS	Zip Code 38701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Name of Employer LITTLE BOOGALOO ENTERTAINMENT	
Occupation MUSICIAN		Election Cycle-to-Date 250.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 541
	<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. JEAN T. BREWER</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 7 CRANE PARK		Transaction ID : SA11AI.26836
City JACKSON	State MS	Zip Code 39216
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. BARRY BRIDGFORTH</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 3606 BRIDGFORTH RD.		Transaction ID : SA11AI.27926
City OLIVE BRANCH	State MS	Zip Code 38654
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2200.00	

Full Name (Last, First, Middle Initial) <b>C. CRAIG BROWN</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 3392 STAPLES COVE		Transaction ID : SA11AI.27522
City BARTLETT	State TN	Zip Code 38135
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 386.88	
Name of Employer NAT'L COTTON COUNCIL OF AMERIC	Occupation VP PRODUCER AFFAIRS	In-kind - Postage
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 636.88	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1636.88
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 541
	<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>NORMAN BROWNSTEIN</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
A. Mailing Address 410 17TH STREET, #2200		Transaction ID : SA11AI.27242
City DENVER	State CO	Zip Code 80202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BROWNSTEIN HYATT FARBER	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>NICHOLAS BUCCI</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
B. Mailing Address 1622 WINSTON ROAD		Transaction ID : SA11AI.27339
City GLADWYNE	State PA	Zip Code 19035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer GENERAL ATOMICS	Occupation ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>JEAN BUCHERT</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
C. Mailing Address 11805 RIDGE RUN WAY		Transaction ID : SA11AI.27450
City SAN DIEGO	State CA	Zip Code 92131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer GENERAL ATOMICS	Occupation EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

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

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

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

FOR LINE NUMBER: (check only one)	PAGE 26 OF 541
<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>DAVID BUCK</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2014	
Mailing Address 522 REGATTA BAY BLVD		Transaction ID : SA11AI.27693	
City DESTIN	State FL	Zip Code 32541	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer AIS PHARMACY	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>THOMAS J BUFKIN</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 2511 ROBINSON ST PO BOX 10845		Transaction ID : SA11AI.27403	
City JACKSON	State MS	Zip Code 39289	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation INSURANCE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>WAYNE O. BURKES</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 137 DORCHESTER CT		Transaction ID : SA11AI.27825	
City BRANDON	State MS	Zip Code 39047	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 541	
	<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>A. WALLACE D. BURNETT</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 6218 BERKELEY ROAD		Transaction ID : SA11AI.28205	
City ALEXANDRIA	State VA	Zip Code 22307	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer DENNY MILLER ASSOCIATES	Occupation CEO & GENERAL COUNSEL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>B. MILTON BURTON</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 82 CR 300		Transaction ID : SA11AI.27606	
City BURNSVILLE	State MS	Zip Code 38833	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. RAY BURTON</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 704 CYPRESS ST		Transaction ID : SA11AI.30442	
City GREENSBORO	State NC	Zip Code 27405	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer TRIAD INVESTORS REALTY	Occupation REALTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 541
	<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)  
**Dr. GARY BUTLER**

Mailing Address **113 DERBYSHIRE STREET**

City **STARKVILLE** State **MS** Zip Code **39759**

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

Name of Employer **CAMGIAN MICROSYSTEMS CORP** Occupation **CHAIRMAN & CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt **06 / 22 / 2014**

Transaction ID : **SA11AI.27695**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **1004 MADISON AVE**

City **MADISON** State **MS** Zip Code **39110**

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

Name of Employer **CITY OF MADISON** Occupation **MAYOR**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2413.10**

Date of Receipt **06 / 20 / 2014**

Transaction ID : **SA11AI.32605**

Amount of Each Receipt this Period **413.10**

In-kind - Printing - signs

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

Mailing Address **4793 CRESTWOOD DR.**

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

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

Name of Employer **TELAPEX** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5600.00**

Date of Receipt **06 / 13 / 2014**

Transaction ID : **SA11AI.26736**

Amount of Each Receipt this Period **2600.00**

**SUBTOTAL** of Receipts This Page (optional)..... **4013.10**

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

2006-2002

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 541	
	<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>JAMES E. CAHILL Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
A. Mailing Address P.O. BOX 186		Transaction ID : SA11AI.26847	
City SENATOBIA	State MS	Zip Code 38668	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Name of Employer SELF	
Occupation RENTAL PROPERTY		Election Cycle-to-Date 300.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>ANN CALHOON</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
B. Mailing Address 4211 EASTOVER PLACE		Transaction ID : SA11AI.27402	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Name of Employer N/A	
Occupation HOUSEWIFE		Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>RICKY CALHOON</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
C. Mailing Address 4211 EASTOVER PLACE		Transaction ID : SA11AI.27401	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Name of Employer PRUETT COS	
Occupation OIL & GAS		Election Cycle-to-Date 5200.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: (check only one)	PAGE 30 OF 541
<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. CRAIG CAMPBELL</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address PO BOX 34367		Transaction ID : SA11AI.27476
City LITTLE ROCK	State AR	Zip Code 72203
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer THE STEPHENS GROUP	Occupation VICE CHAIRMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. McKIE CAMPBELL</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 9418 OLD MT VERNON RD		Transaction ID : SA11AI.27662
City ALEXANDRIA	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BLUE WATER STRATEGIES	Occupation GOVT CONSULTANT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. NOLEN CANON</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address P.O. BOX 1453		Transaction ID : SA11AI.27868
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CANON FARMS	Occupation AGRICULTURE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 541
	<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>TIMOTHY CANSLER</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1601 PARKRIDGE CIR APT 271		Transaction ID : SA11AI.26621
City CROFTON	State MD	Zip Code 21114
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CANSLER CONSULTING	Occupation CHIEF STRATEGIST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>TIMOTHY R. CANTRELL</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 105 NOVARA COVE		Transaction ID : SA11AI.26682
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer PHOSPHATE HOLDINGS, INC.	Occupation CFO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>TRICIA R. CANTRELL</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 105 NOVARA COVE		Transaction ID : SA11AI.26683
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SCRAPBOOKS OFF THE SQUARE	Occupation RETAILER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	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).....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**SCOTT CARMICHAEL**

**A.** Mailing Address 280 GRAND CYPRESS DRIVE

City State Zip Code  
MERIDIAN MS 39305

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MISSOUTH PROPERTIES, LP PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : SA11AI.28200

Amount of Each Receipt this Period

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

Mailing Address 71 TIDEWATER RD

City State Zip Code  
HATTIESBURG MS 39402

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CAROTHERS & YORK REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SA11AI.26813

Amount of Each Receipt this Period

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

Mailing Address 1378 MARATHON POINTE

City State Zip Code  
GLEN ALLAN MS 38744

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CARTER BROTHERS FARMS FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11AI.26698

Amount of Each Receipt this Period

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 541
	<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>JAMES R. CARTER</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 467 N. FIRST ST		Transaction ID : SA11AI.27837
City	State	Zip Code
ROLLING FORK	MS	39159
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period	
C	1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date	
	3500.00	

Full Name (Last, First, Middle Initial) <b>LAURANCE W. CARTER</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address BOX 458		Transaction ID : SA11AI.26895
City	State	Zip Code
ROLLING FORK	MS	39159
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period	
C	1000.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date	
	2000.00	

Full Name (Last, First, Middle Initial) <b>R. SCOTT CARTER</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 114 ROCKING CHAIR RD		Transaction ID : SA11AI.26417
City	State	Zip Code
CANTON	MS	39046
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period	
C	1250.00	
Name of Employer EUTAW CONSTRUCTION	Occupation MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date	
	1250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 541
	<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. ROBERT CATO</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 4522 CARTER RD		Transaction ID : SA11AI.26781
City YAZOO CITY	State MS	Zip Code 39194
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer CATO FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. PATRICK CAVANAUGH</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 408 JORDAN DR		Transaction ID : SA11AI.28232
City BILOXI	State MS	Zip Code 39531
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer HIGH COUNTRY WOODWORKING	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. OZKAN CELIKTRAS</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 12 IVY LN		Transaction ID : SA11AI.27333
City HILLSBOROUGH	State NJ	Zip Code 08844
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1300.00	
Name of Employer AGOZTECH, LLC	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1300.00	

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

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

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

FOR LINE NUMBER: PAGE 35 OF 541  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL F. CHAPPELL**

Mailing Address **5400 MACOMB ST NW**

City **WASHINGTON** State **DC** Zip Code **20016**

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

Name of Employer **FIERCE, ISAKOWITZ & BLALOCK** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2000.00**

Date of Receipt **06 / 20 / 2014**

Transaction ID : **SA11AI.27689**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **18 GOLF VIEW DR**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **4000.00**

Date of Receipt **06 / 23 / 2014**

Transaction ID : **SA11AI.28193**

Amount of Each Receipt this Period **2000.00**

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

Mailing Address **P.O. BOX 708**

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

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

Name of Employer **IRRIGATION EQUIPMENT INC** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt **06 / 12 / 2014**

Transaction ID : **SA11AI.26694**

Amount of Each Receipt this Period **1000.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**JOHN M. CHRISTIAN**

Mailing Address **P.O. BOX 22**

City <b>LAUREL</b>	State <b>MS</b>	Zip Code <b>39441</b>
-----------------------	--------------------	--------------------------

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**1500.00**

Date of Receipt  

MM	DD	YY
06	11	2014

Transaction ID : **SA11AI.26541**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **P.O. BOX 373**

City <b>HOLLANDALE</b>	State <b>MS</b>	Zip Code <b>38748</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>CLARKE CPA</b>	Occupation <b>CPA</b>
---------------------------------------	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**1500.00**

Date of Receipt  

MM	DD	YY
06	18	2014

Transaction ID : **SA11AI.27866**

Amount of Each Receipt this Period  
**1500.00**

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

Mailing Address **P.O. BOX 373**

City <b>HOLLANDALE</b>	State <b>MS</b>	Zip Code <b>38748</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>CLARKE CPA</b>	Occupation <b>PRINCIPAL</b>
---------------------------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

MM	DD	YY
06	18	2014

Transaction ID : **SA11AI.27867**

Amount of Each Receipt this Period  
**1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 OF 541	
	<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 H. CLAYTON**

Mailing Address 103 E GRESHAM

City INDIANOLA State MS Zip Code 38751

FEC ID number of contributing federal political committee.

Name of Employer PLANTERS BANK Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 3000.00

Date of Receipt 06 / 13 / 2014

Transaction ID : SA11AI.26767

Amount of Each Receipt this Period 1000.00

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

Mailing Address 433 E. BEACH BLVD

City OCEAN SPRINGS State MS Zip Code 39564

FEC ID number of contributing federal political committee.

Name of Employer CLOYD & ASSOCIATES Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 5200.00

Date of Receipt 06 / 24 / 2014

Transaction ID : SA11AI.32625

Amount of Each Receipt this Period 2600.00

In-kind - GOTV - DOOR TO DOOR

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

Mailing Address 433 E. BEACH BLVD

City OCEAN SPRINGS State MS Zip Code 39564

FEC ID number of contributing federal political committee.

Name of Employer CLOYD & ASSOCIATES Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 5200.00

Date of Receipt 06 / 24 / 2014

Transaction ID : SA11AI.32623

Amount of Each Receipt this Period 2600.00

In-kind - GOTV - DOOR TO DOOR

**SUBTOTAL** of Receipts This Page (optional)..... 6200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>JAY M COHEN</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1399 NEW YORK AVE, NW SUITE 900		Transaction ID : SA11AI.26552
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CHERTOFF GROUP	Occupation PRINCIPAL	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JORDAN COHO</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 2311 CONNECTICUT AVE NW #301		Transaction ID : SA11AI.27343
City WASHINGTON	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer BEYER AUTO GROUP	Occupation AUTO DEALER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>DAVID COMPTON</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address P.O. BOX 686		Transaction ID : SA11AI.27002
City PASCAGOULA	State MS	Zip Code 39568
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer COMPTON ENGINEERING	Occupation ENGINEER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 541	
	<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>RUSSELL COOPER</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 5900 PLANTATION DRIVE		Transaction ID : SA11AI.27139
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer BROOKSHIRE GROCERY COMPANY	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>SCOTT COOPWOOD</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 117		Transaction ID : SA11AI.26723
City CLEVELAND	State MS	Zip Code 38732
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer COOPWOOD COMMUNICATIONS, LLC	Occupation ADVERTISING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>STEVEN CORTESE</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1404 CHRISTA LANE		Transaction ID : SA11AI.27659
City CROFTON	State MD	Zip Code 21114
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer DRS TECHNOLOGIES	Occupation EXECUTIVE VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	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).....	

**SCHEDULE A (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 541	
	<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>PETER COURTNEY</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 4101 WASHINGTON AVE		Transaction ID : SA11AI.28084	
City NEWPORT NEWS	State VA	Zip Code 23607	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer HUNTINGTON INGALLS	
Occupation DIRECTOR LEGISLATIVE AFFAIRS		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>RICKY J. COX</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 21 COLONEL WINK DR		Transaction ID : SA11AI.28083	
City GULFPORT	State MS	Zip Code 39507	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer BALCH & BINGHAM	
Occupation ATTORNEY		Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>BETSY CREEKMORE</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 2137 HERITAGE HILL DRIVE		Transaction ID : SA11AI.26739	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Name of Employer NONE	
Occupation HOMEMAKER		Election Cycle-to-Date 7500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4600.00
<b>TOTAL</b> This Period (last page this line number only).....	

10053014



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 541
	<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. JAMES H. CREEKMORE Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 143 GREEN GLADES		Transaction ID : SA11AI.28128
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer TELAPEX	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5100.00	

Full Name (Last, First, Middle Initial) <b>B. MEREDITH CREEKMORE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 7 CYPRESS LANE		Transaction ID : SA11AI.28126
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer TELAPEX	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7500.00	

Full Name (Last, First, Middle Initial) <b>C. WADE H. CREEKMORE Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1018 HIGHLAND COLONY PKWY STE. 500		Transaction ID : SA11AI.26740
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer TELAPEX INC	Occupation COMMUNICATIONS COMPANY OFFICER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 541	
	<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>A. JAMES H. CREEKMORE SR Sr.</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 4658 OLD CANTON RD		Transaction ID : SA11AI.28129	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C	Name of Employer TELEPAX INC	Occupation OWNER	Amount of Each Receipt this Period 7500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7500.00		

Full Name (Last, First, Middle Initial) <b>B. HOLT CREWS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 198 KIRKWOOD PL		Transaction ID : SA11AI.26738	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C	Name of Employer TELEPAX	Occupation OWNER	Amount of Each Receipt this Period 3850.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3850.00		

Full Name (Last, First, Middle Initial) <b>C. SIDNEY C. CREWS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 198 KIRKWOOD PL		Transaction ID : SA11AI.26737	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C	Name of Employer TELAPEX	Occupation OWNER	Amount of Each Receipt this Period 4350.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4350.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 541		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>BRIAN CUCCIAS</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 2858 BRIARFIELD LN		Transaction ID : SA11AI.28073
City MOBILE	State AL	Zip Code 36693
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer INGALLS SHIPBUILDING	Occupation VP	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B.W. CURRY Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 312		Transaction ID : SA11AI.26887
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer ROUNDUP LTD	Occupation FINANCE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>ALFONSE M. D'AMATO</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 101 PARK AVE STE 2506		Transaction ID : SA11AI.28024
City NEW YORK	State NY	Zip Code 10178
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer PARK STRATEGIES	Occupation MANAGING DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 541
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>MARTHA DALRYMPLE</b>		Date of Receipt
Mailing Address P.O. BOX 210		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
AMORY	MS	38821
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27523
Name of Employer N/A		Amount of Each Receipt this Period
Occupation HOMEMAKER		<input type="text" value="708.00"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		In-kind - Advertising
Election Cycle-to-Date		
<input type="text" value="3208.00"/>		

Full Name (Last, First, Middle Initial) <b>JOHN DANE III</b>		Date of Receipt
Mailing Address 11638 BLUFF LANE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
GULFPORT	MS	39503
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28072
Name of Employer TRINITY YACHTS, LLC		Amount of Each Receipt this Period
Occupation PRES/CEO		<input type="text" value="2600.00"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
Election Cycle-to-Date		
<input type="text" value="5200.00"/>		

Full Name (Last, First, Middle Initial) <b>ANDY DANIELS</b>		Date of Receipt
Mailing Address P.O. BOX 577		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
INDIANOLA	MS	38751
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27996
Name of Employer STATE FARM		Amount of Each Receipt this Period
Occupation INSURANCE AGENT		<input type="text" value="250.00"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
Election Cycle-to-Date		
<input type="text" value="250.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="3558.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>NOEL DANIELS</b>		Date of Receipt
Mailing Address 121 EASTHAVEN DR		MM / DD / YYYY 06 / 18 / 2014
City	State	Zip Code
BRANDON	MS	39042
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27823
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
ROUNDTREE	CAR DEALER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	2000.00	

Full Name (Last, First, Middle Initial) <b>PHILIP DARIVOFF</b>		Date of Receipt
Mailing Address 1 FARMSTEAD ROAD		MM / DD / YYYY 06 / 13 / 2014
City	State	Zip Code
SHORT HILLS	NJ	07078
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27183
C		Amount of Each Receipt this Period
		750.00
Name of Employer	Occupation	
SELF	INVESTOR	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	750.00	

Full Name (Last, First, Middle Initial) <b>JEROME M. DATTEL</b>		Date of Receipt
Mailing Address PO BOX 152		MM / DD / YYYY 06 / 09 / 2014
City	State	Zip Code
HATTIESBURG	MS	39403-0152
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26465
C		Amount of Each Receipt this Period
		2000.00
Name of Employer	Occupation	
MORGAN KEEGAN & CO	EXECUTIVE MANAGING DIRECTOR	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 541
	<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. CAROLINE M DAUZAT</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address PO BOX 7		Transaction ID : SA11AI.26926
City GRACEVILLE	State FL	Zip Code 32440
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer REX LUMBER	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. MARTY DAVIDSON</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 3804		Transaction ID : SA11AI.26943
City MERIDIAN	State MS	Zip Code 39303
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer SOUTHERN PIPE AND SUPPLY CO	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7600.00	

Full Name (Last, First, Middle Initial) <b>C. LARRY C. DAVIS</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1320 LITTON RD		Transaction ID : SA11AI.27877
City SHAW	State MS	Zip Code 38773
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
		<input type="checkbox"/> 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>SLUGGO DAVIS</b>		Date of Receipt
Mailing Address 2406 HOLLY SPRINGS RD		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
HERNANDO	MS	38632
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28165
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
DESOTO COUNTY	CHANCERY CLERK	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>WINDLE DAVIS</b>		Date of Receipt
Mailing Address 600 S. ADAMS ST.		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
FULTON	MS	38843
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27512
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="800.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	CAR DEALER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4000.00"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff		

In-kind - Auto Lease

Full Name (Last, First, Middle Initial) <b>CHARLES L. DAVIS JR.</b>		Date of Receipt
Mailing Address 9110 HIGHWAY 370 S.		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
RIPLEY	MS	38663
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27474
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
LINDSEY DAVIS & ASSOCIATES	CPA	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**COURTNEY R. DEAN**

Mailing Address 195 REUNION BLVD.

City MADISON	State MS	Zip Code 39110
-----------------	-------------	-------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
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Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 5200.00
-----------------------------------

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11AI.26678

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 195 REUNION BLVD.

City MADISON	State MS	Zip Code 39110
-----------------	-------------	-------------------

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

Name of Employer TENAX AEROSPACE	Occupation VP
-------------------------------------	------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 5200.00
-----------------------------------

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11AI.26679

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 402 OCEAN OAKS CT

City KIAWAH ISLAND	State SC	Zip Code 29455
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
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Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 1000.00
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Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SA11AI.27661

Amount of Each Receipt this Period  
1000.00

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

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

6200.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 OF 541		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>DENNIS DE CONCINI</b>		Date of Receipt MM / DD / YYYY <b>06 / 24 / 2014</b>		
Mailing Address <b>5686 DOLPHIN PL</b>		<b>Transaction ID : SA11AI.27998</b>		
City <b>LA JOLLA</b>	State <b>CA</b>	Zip Code <b>92037</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>1000.00</b>			

Full Name (Last, First, Middle Initial) <b>KIMBERLY DESPEAUX</b>		Date of Receipt MM / DD / YYYY <b>06 / 24 / 2014</b>		
Mailing Address <b>Z73645 MILITARY RD</b>		<b>Transaction ID : SA11AI.27743</b>		
City <b>COVINGTON</b>	State <b>LA</b>	Zip Code <b>70435</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>ENTERGY SERVICES</b>	Occupation <b>ATTORNEY</b>			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>1000.00</b>			

Full Name (Last, First, Middle Initial) <b>BILL DEVINEY Jr.</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2014</b>		
Mailing Address <b>P.O. BOX 6717</b>		<b>Transaction ID : SA11AI.26553</b>		
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39282</b>	Amount of Each Receipt this Period <b>2600.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>DEVINEY CONSTRUCTION</b>	Occupation <b>CEO</b>			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>7800.00</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 541		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>EDWARD DIEFENTHAL</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 131 AIRLINE DRIVE SUITE 202		Transaction ID : SA11AI.27461
City METARIE	State Zip Code LA 70001	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer WOODVINE GROUP	Occupation PRESIDENT & CEO	Transaction ID : SA11AI.27461
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>W.E. DIGGS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 345 E. MAIN ST		Transaction ID : SA11AI.30244
City TCHULA	State Zip Code MS 39169	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer TCHULA GRAIN CO	Occupation OWNER	Transaction ID : SA11AI.30244
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>JOHN T. DILLARD</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2110 TRIBBETT ROAD		Transaction ID : SA11AI.26726
City LELAND	State Zip Code MS 38756	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation FARMER	Transaction ID : SA11AI.26726
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 541
	<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>BETTY M. DITTO</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 3972 STUART PL		Transaction ID : SA11AI.26861
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>FREDERICK T. DOMBO</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 3724 NORTHAMPTON STREET NW		Transaction ID : SA11AI.27300
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer NOSSAMAN LLP	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>NUTIE DOWDLE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address P.O. BOX 8060		Transaction ID : SA11AI.28144
City COLUMBUS	State MS	Zip Code 39705
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer DOWDLE GAS	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 541	
	<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>JO ANN DOWE</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 3860 OLD PORT GIBSON RD		Transaction ID : SA11AI.26585
City UTICA	State MS	Zip Code 39175
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer JACK DOWE SUPERMARKET	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>DENISE DOYLE</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 6505 SHORE DRIVE		Transaction ID : SA11AI.27304
City OCEAN SPRINGS	State MS	Zip Code 39564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation HEALTHCARE CONSULTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>LINDA DRESNER</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 711 S. BATES ST		Transaction ID : SA11AI.26902
City BIRMINGHAM	State MI	Zip Code 48009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation RETAIL MERCHANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 541
	<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>TIMOTHY M DRURY</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 15 SQUIRES LN		Transaction ID : SA11AI.26454
City HUNTLEIGH	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer DRURY DEVELOPERS	Occupation EXEC	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>KENNETH M DUBERSTEIN</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2100 PENNSYLVANIA AVE NW SUITE500		Transaction ID : SA11AI.26960
City WASHINGTON	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer THE DUBERSTEIN GROUP	Occupation PRES/CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>H LES DUNGAN</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 5759 HWY 13		Transaction ID : SA11AI.26918
City PRENTISS	State MS	Zip Code 39474
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer DUNGAN ENGINEERING	Occupation PRINCIPAL	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 541
	<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>JEFF J DUNGAN</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1415 BROAD STREET		Transaction ID : SA11AI.26910
City COLUMBIA	State MS	Zip Code 39429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer DUNGAN ENGINEERING	Occupation PRINCIPAL & CO FOUNDER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>BRAD DYE</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 210 DEVANDER RUN		Transaction ID : SA11AI.26770
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Dr. BRADFORD J. DYE III</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 904 S. 11TH STREET		Transaction ID : SA11AI.26456
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1250.00	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A.** 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) Runoff

Election Cycle-to-Date  
3500.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : SA11AI.27492

Amount of Each Receipt this Period

1000.00

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

Mailing Address 618 E. MAIN ST

City State Zip Code  
WEST POINT MS 39773

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

Name of Employer Occupation  
BANCORPSOUTH PRES/WEST POINT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1250.00

Date of Receipt

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SA11AI.26798

Amount of Each Receipt this Period

250.00

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

Mailing Address 1304 BAYOU DRIVE

City State Zip Code  
INDIANOLA MS 38751

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

Name of Employer Occupation  
STAPLCOTN PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
3000.00

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : SA11AI.27853

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>CHAD EDMONSON</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 4242 LOMO ALTO DR APT N45		Transaction ID : SA11AI.27322	
City DALLAS	State TX	Zip Code 75219	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer W.P. CAREY, INC.	Occupation REAL ESTATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>BILAL EKSILI</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 11781 GARDEN CIRCLE		Transaction ID : SA11AI.27491	
City FISHERS	State IN	Zip Code 46038	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer TURKISH AMERICAN FEDERATION	Occupation VICE PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>LYNDSEY EKSILI</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 11781 GARDEN CIRCLE		Transaction ID : SA11AI.27490	
City FISHERS	State IN	Zip Code 46038	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer NIAGRA FOUNDATION	Occupation EXECUTIVE DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 541
	<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>LYLA ELLIOTT</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address P.O. BOX 2387		Transaction ID : SA11AI.26764	
City MADISON	State MS	Zip Code 39130	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7800.00		

Full Name (Last, First, Middle Initial) <b>W MAC ELLIOTT</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address P.O. BOX 2387		Transaction ID : SA11AI.26763	
City MADISON	State MS	Zip Code 39130	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer NATIONAL AVIATION	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7800.00		

Full Name (Last, First, Middle Initial) <b>JAMES L. ERVIN</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 116 QUEEN STREET		Transaction ID : SA11AI.26606	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ERVIN HILL STRATEGY	Occupation CHAIRMAN/CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 541
	<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. KLAUS ETZEL</b>		Date of Receipt
Mailing Address 1649 JUNIPERHILL DR		MM / DD / YYYY 06 / 24 / 2014
City	State	Zip Code
ENCINITAS	CA	92024
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27986
C		Amount of Each Receipt this Period
		2000.00
Name of Employer	Occupation	
GENERAL ATOMICS	DIRECTOR BUS DEVELOPMENT	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	2000.00	

Full Name (Last, First, Middle Initial) <b>B. KURT M. EVANS</b>		Date of Receipt
Mailing Address 4061 TURTLE BAYOU DR		MM / DD / YYYY 06 / 20 / 2014
City	State	Zip Code
KENNER	LA	70065
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28093
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
DIGITAL ENGINEERING	CEO	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	1000.00	

Full Name (Last, First, Middle Initial) <b>C. GREGORY FAIREY</b>		Date of Receipt
Mailing Address P.O. BOX 1842		MM / DD / YYYY 06 / 20 / 2014
City	State	Zip Code
GULFPORT	MS	39502
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28082
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
NICHOLSON & COMPANY, PLLC	MANAGING PARTNER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>EMILIA M. FANJUL</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 105 JUNGLE RD		Transaction ID : SA11AI.28013
City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>JOSE F FANJUL</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1 NORTH CLEMATIS STREET SUITE 200		Transaction ID : SA11AI.27173
City WEST PALM BEACH	State FL	Zip Code 33401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer SELF	Occupation EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>JAMES T. FARRIS</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 56		Transaction ID : SA11AI.28011
City MORTON	State MS	Zip Code 39117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 541	
	<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>CHARLES FELTUS</b>			Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 22 HAWTHORNE PL			Transaction ID : SA11AI.28180	
City NATCHEZ	State MS	Zip Code 39120	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>R.C. FERGUSON</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 106 FLEUR DE LIS DR			Transaction ID : SA11AI.27424	
City VICKSBURG	State MS	Zip Code 39180	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation FACTORY EQUIPMENT SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>ANTONIA FERRIER</b>			Date of Receipt MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 1441 MADISON ST, NW			Transaction ID : SA11AI.27278	
City WASHINGTON	State DC	Zip Code 20011	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer FORBES-TATE		Occupation CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 541	
	<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>A. JULIE FINLEY</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1881 N. NASH ST #504		Transaction ID : SA11AI.30247
City ARLINGTON	State Zip Code VA 22209	
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation HOMEMAKER	Transaction ID : SA11AI.30247
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. HAL G. FISER</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 120 RIDGECREST LANE		Transaction ID : SA11AI.28111
City CLARKSDALE	State Zip Code MS 38614	
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt this Period 50.00
Name of Employer FISER INSURANCE	Occupation AGENT	Transaction ID : SA11AI.28111
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. JIMMY B. FISHER</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 200 CHAMBERS ST		Transaction ID : SA11AI.27400
City CORINTH	State Zip Code MS 38834	
FEC ID number of contributing federal political committee. [C]		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ATTORNEY	Transaction ID : SA11AI.27400
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 541	
	<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>A. JANET FLOWERS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address P.O. BOX 38		Transaction ID : SA11AI.26699
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7600.00	

Full Name (Last, First, Middle Initial) <b>B. R. B. FLOWERS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address BOX 38		Transaction ID : SA11AI.26700
City TUNICA	State MS	Zip Code 38676
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7600.00	

Full Name (Last, First, Middle Initial) <b>C. ROGER M. FLYNT Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1006 HAYES AVE.		Transaction ID : SA11AI.26646
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 541		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>WILLIAM FORD</b>		Date of Receipt MM / DD / YYYY <b>06 / 16 / 2014</b>
Mailing Address <b>141 SWEETBRIAR LANE</b>		Transaction ID : <b>SA11AI.27448</b>
City <b>COLUMBUS</b>	State <b>MS</b>	Zip Code <b>39705</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>SELF</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>ROBERT FORNEY</b>		Date of Receipt MM / DD / YYYY <b>06 / 07 / 2014</b>
Mailing Address <b>11805 RIDGE RUN WAY</b>		Transaction ID : <b>SA11AI.27094</b>
City <b>SAN DIEGO</b>	State <b>CA</b>	Zip Code <b>92131</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2600.00</b>
Name of Employer <b>GENERAL ATOMICS</b>	Occupation <b>SR VP</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2600.00</b>	

Full Name (Last, First, Middle Initial) <b>L E FOCHE</b>		Date of Receipt MM / DD / YYYY <b>06 / 16 / 2014</b>
Mailing Address <b>150 DAVID DR</b>		Transaction ID : <b>SA11AI.27404</b>
City <b>MADISON</b>	State <b>MS</b>	Zip Code <b>39110</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>FOUCHE AND ASSOCIATES</b>	Occupation <b>PRESIDENT</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>500.00</b>	

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

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

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

FOR LINE NUMBER:  
(check only one)

<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>A. MICHAEL C FRANCIS</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 35 W KALER DRIVE		Transaction ID : SA11AI.27851
City PHOENIX	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation REAL ESTATE INVESTOR	
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>B. ALAN FRANCO</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 524 METARIE RD		Transaction ID : SA11AI.27308
City METARIE	State LA	Zip Code 70005
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer MAGNOLIA MARKETING	Occupation PARTNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5100.00	

Full Name (Last, First, Middle Initial) <b>C. MYLES FRANK</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1619 53RD ST		Transaction ID : SA11AI.26820
City MERIDIAN	State MS	Zip Code 39305
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 541
	<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>PAUL M. FRANKE Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address P.O. DRAWER 460		Transaction ID : SA11AI.28199
City GULFPORT	State MS	Zip Code 39502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>HASSELL FRANKLIN</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 203 SUSAN DR.		Transaction ID : SA11AI.28137
City HOUSTON	State MS	Zip Code 38851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FRANKLIN CORP.	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>EDWARD FRITTS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 4661 N. DITTMAR RD		Transaction ID : SA11AI.26607
City ARLINGTON	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer THE FRITTS GROUP, LLC	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4500.00	

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

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

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

FOR LINE NUMBER: PAGE 66 OF 541  
(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)  
**KIMBERLEY FRITTS**

Mailing Address **3847 N. RIVER STREET**

City **ARLINGTON** State **VA** Zip Code **22207**

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

Name of Employer **PODESTA GROUP** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5200.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 12 / 2014**

Transaction ID : **SA11AI.27302**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **P.O. BOX 2813**

City **WINTER PARK** State **FL** Zip Code **32760**

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

Name of Employer **SOUTHERN STYLE REAL ESTATE** Occupation **REALTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2014**

Transaction ID : **SA11AI.30406**

Amount of Each Receipt this Period  
**500.00**

VOTESANE PAC  
**[MEMO ITEM]**

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

Mailing Address **3800 MOORE PLACE**

City **ALEXANDRIA** State **VA** Zip Code **22305**

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

Name of Employer **U.S. SENATE** Occupation **LEGISLATIVE DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 05 / 2014**

Transaction ID : **SA11AI.27267**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 541
	<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>STEWART GAMMILL III</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 3702 HARDY STREET		Transaction ID : SA11AI.27433
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation BUSINESS MGR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>DONALD GANT</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2538 CROSBY ROAD		Transaction ID : SA11AI.27687
City MERIGOLD	State MS	Zip Code 38759
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 525.00	
Name of Employer GANT FARMS	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1625.00	

Full Name (Last, First, Middle Initial) <b>TONE S GARRETT</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2014
Mailing Address 208 VINTAGE DR		Transaction ID : SA11AI.27694
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer MS ASPHALT PAVEMENT ASSOC	Occupation ASSN DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 541	
	<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>ALEX B GATES</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address <b>PO BOX 216</b>		<b>Transaction ID : SA11AI.26761</b>	
City <b>SUMNER</b>	State <b>MS</b>	Zip Code <b>38957</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF</b>	Occupation <b>ATTORNEY</b>	Election Cycle-to-Date <b>500.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

Full Name (Last, First, Middle Initial) <b>FRANK GENZER Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014	
Mailing Address <b>145 SAINT JUDE STREET</b>		<b>Transaction ID : SA11AI.27892</b>	
City <b>BILOXI</b>	State <b>MS</b>	Zip Code <b>39530</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF</b>	Occupation <b>ARCHITECT</b>	Election Cycle-to-Date <b>3600.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

Full Name (Last, First, Middle Initial) <b>MARK GEORGE</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address <b>7634 FLAG LAKE STREET</b>		<b>Transaction ID : SA11AI.27296</b>	
City <b>SAN DIEGO</b>	State <b>CA</b>	Zip Code <b>92119</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>GENERAL ATOMICS</b>	Occupation <b>PROGRAM MGR</b>	Election Cycle-to-Date <b>1000.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 541
	<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>RANDY GERARD</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address 3028 OLIVER ST NW		Transaction ID : SA11AI.27262
City WASHINGTON	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PODESTA GROUP	Occupation LOBBYIST	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>BRADLEY GILMAN</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 405 TALAHI RD., S.E.		Transaction ID : SA11AI.26464
City VIENNA	State VA	Zip Code 22180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Robertson, Monagle & Eastaugh	Occupation VP	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>BENJAMIN GINSBERG</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address 2836 ALLENDALE PLACE, N.W.		Transaction ID : SA11AI.27243
City WASHINGTON	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer JONES DAY	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 OF 541

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

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

Full Name (Last, First, Middle Initial)  
**JEANA GIVENS**

**A.** Mailing Address P.O. BOX 19088

City State Zip Code  
LAS VEGAS NV 89019

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : SA11AI.27830

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**H. WINGFIELD GLOVER Jr.**

Mailing Address 410 WINDOVER CIRCLE

City State Zip Code  
MERIDIAN MS 39305

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

Name of Employer Occupation  
GLOVER YOUNG WALTON & SIMMONS ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date  
500.00

Date of Receipt

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SA11AI.26857

Amount of Each Receipt this Period

250.00

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

Mailing Address 101 KIRKWOOD CT.

City State Zip Code  
JACKSON MS 39211

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date  
7600.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.28123

Amount of Each Receipt this Period

2600.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 541	
	<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>A. WESLEY GOINGS</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 101 KIRKWOOD COURT		Transaction ID : SA11AI.28124
City JACKSON	State Zip Code MS 39211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer TELEPEX, INC.	Occupation TELECOM MANAGEMENT	Election Cycle-to-Date 4350.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>B. RICHARD GOLB</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 20215 SE FERNRIDGE DR		Transaction ID : SA11AI.27468
City CAMAS	State Zip Code WA 98607	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PACIFICCOMM, LLC	Occupation GOVT RELATIONS	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>C. H.P. GOLDFIELD</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2137 BANCROFT PL NW		Transaction ID : SA11AI.27786
City WASHINGTON	State Zip Code DC 20008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOGAN LOVELLS US LLP	Occupation SENIOR ADVISOR	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 541
	<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>A. STEPHEN GOLDING</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 703 GINKGO DR		Transaction ID : SA11AI.27321
City VICKSBURG	State MS	Zip Code 39180
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer GOLDING BARGE LINE	Occupation PRES	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>B. BRIAN GOLLOTT</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address P.O. BOX 1191		Transaction ID : SA11AI.28098
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer C.F. GOLLOTT & SON SEAFOOD	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1750.00	

Full Name (Last, First, Middle Initial) <b>C. E.R. GOLLOTT</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 1458		Transaction ID : SA11AI.27891
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer GOLDEN GULF COAST PKG	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4500.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 541
	(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. JAMES GORDON</b>		Date of Receipt
Mailing Address 8187 VALLEY RIDGE		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLIVE BRANCH	MS	38654
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27913
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	
HORNE, LLP	CPA	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>B. DANIEL A. GRAFTON</b>		Date of Receipt
Mailing Address 1228 STOKES RD		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
CANTON	MS	39046
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28118
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
GRAFTON SQUARE PROPERTIES	PRINCIPAL	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>C. ALLISON GRAVES</b>		Date of Receipt
Mailing Address 2311 CONNECTICUT AVE NW		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20008
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27249
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
ENERGY SERVICES INC	LOBBYIST	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="4000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 541
	<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>R A GRAY, III</b>		Date of Receipt MM / DD / YYYY <b>06 / 07 / 2014</b>
Mailing Address <b>P.O. BOX 208</b>		<b>Transaction ID : SA11AI.27096</b>
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39403</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>SELF</b>	Occupation <b>LAWYER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>JOSEPH GREEN</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2014</b>
Mailing Address <b>509 CREEKSTONE DRIVE</b>		<b>Transaction ID : SA11AI.27324</b>
City <b>BRANDON</b>	State <b>MS</b>	Zip Code <b>39047</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>HORNE LLP</b>	Occupation <b>CPA</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>BETSY GREENER</b>		Date of Receipt MM / DD / YYYY <b>06 / 13 / 2014</b>
Mailing Address <b>1 GROVE PARK PLACE</b>		<b>Transaction ID : SA11AI.26753</b>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39216</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2500.00</b>
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2500.00</b>	

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

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

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

FOR LINE NUMBER: PAGE 75 OF 541  
(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)  
**JASON GREENER**

Mailing Address **PO BOX 6038**

City **JACKSON** State **MS** Zip Code **39288**

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

Name of Employer **G & S HOLDINGS** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2500.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.26754**

Amount of Each Receipt this Period **2500.00**

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

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

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

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

Name of Employer **DOUBLE QUICK INC** Occupation **RETAILER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **4553.33**

Date of Receipt **06 / 11 / 2014**  
Transaction ID : **SA11AI.26511**

Amount of Each Receipt this Period **2000.00**

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

Mailing Address **6920 BRADDOCK RD., STE. B170**

City **ALEXANDRIA** State **VA** Zip Code **22304**

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

Name of Employer **GRONBERG CONSULTING** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **950.00**

Date of Receipt **06 / 16 / 2014**  
Transaction ID : **SA11AI.27009**

Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **4700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 11d
	<input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>ROBERT J GROSSMAN</b>		Date of Receipt
Mailing Address <b>78 WINDING WAY</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>WEST ORANGE</b>	<b>NJ</b>	<b>07052-3800</b>
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.26519</b>
Name of Employer <b>FITCH RATINGS</b>		Amount of Each Receipt this Period
Occupation <b>GROUP MANAGING DIRECTOR</b>		<input type="text"/>
Receipt For: 2014		<b>500.00</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		
Election Cycle-to-Date		
<input type="text"/>		

Full Name (Last, First, Middle Initial) <b>JAN GWIN</b>		Date of Receipt
Mailing Address <b>42 WYCHEWOOD</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>MEMPHIS</b>	<b>TN</b>	<b>38117</b>
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.27663</b>
Name of Employer <b>RAYMOND JAMES</b>		Amount of Each Receipt this Period
Occupation <b>INVESTMENT ADVISOR</b>		<input type="text"/>
Receipt For: 2014		<b>525.00</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		
Election Cycle-to-Date		
<input type="text"/>		

Full Name (Last, First, Middle Initial) <b>RILEY HAGAN, III</b>		Date of Receipt
Mailing Address <b>18951 SANTA MARIA DR</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>BATON ROUGE</b>	<b>LA</b>	<b>70809</b>
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.27794</b>
Name of Employer <b>MBR, INC.</b>		Amount of Each Receipt this Period
Occupation <b>PRESIDENT</b>		<input type="text"/>
Receipt For: 2014		<b>2600.00</b>
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		
Election Cycle-to-Date		
<input type="text"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 77 OF 541		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>TERRI B. HAGAN</b>		Date of Receipt
Mailing Address 18951 SANTA MARIA DR		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
City	State	Zip Code
BATON ROUGE	LA	70809
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27795
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C <input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
N/A	HOMEMAKER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff	2600.00	

Full Name (Last, First, Middle Initial) <b>THOMAS HAGLER</b>		Date of Receipt
Mailing Address 646 EDGEWATER DRIVE		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
City	State	Zip Code
SAN MARCOS	CA	92078
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27007
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C <input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
GENERAL ATOMICS	PROGRAM DIRECTOR	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff	250.00	

Full Name (Last, First, Middle Initial) <b>JOHN HAIRSTON</b>		Date of Receipt
Mailing Address PO BOX 4019		<input type="text"/> M / <input type="text"/> D / <input type="text"/> Y
City	State	Zip Code
GULFPORT	MS	39502
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27174
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C <input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
HANCOCK BANK	BANKER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff	2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 11d
	<input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>ALTON J HALL Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 121 BENNETT DR		Transaction ID : SA11AI.26548
City COVINGTON	State LA	Zip Code 70435
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer DELISE & HALL	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>CARMEN HALL</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 121 BENNETT DRIVE		Transaction ID : SA11AI.26549
City COVINGTON	State LA	Zip Code 70435
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>DICK HALL</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address POST OFFICE BOX 55942		Transaction ID : SA11AI.28208
City JACKSON	State MS	Zip Code 39296
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer MS DEPT OF TRANSPORTATION	Occupation MS TRANS COMM, CENTRAL DISTRICT	In-kind - Rent - Rankin County Runoff Headquarters
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 541
	<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>PATTY H HALL</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address <b>9 CANTERBURY DR</b>		Transaction ID : <b>SA11AI.26805</b>
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39402-2020</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>HATTIESBURG ART COUNCIL</b>	Occupation <b>DIRECTOR</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>DON HALLE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address <b>225 COWAN ROAD</b>		Transaction ID : <b>SA11AI.28090</b>
City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39507</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>GULF PROPERTIES</b>	Occupation <b>REAL ESTATE</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>DON HALLE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address <b>225 COWAN ROAD</b>		Transaction ID : <b>SA11AI.28109</b>
City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39507</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>GULF PROPERTIES</b>	Occupation <b>REAL ESTATE</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2200.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 541	
	<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>FREDERIC C. HAMILTON</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 1560 BROADWAY STE 2200		Transaction ID : SA11AI.28169	
City DENVER	State CO	Zip Code 80202	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.28169	
Name of Employer SELF	Occupation PHILANTHROPIST	Transaction ID : SA11AI.28169	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>FREDERIC C. HAMILTON</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 1560 BROADWAY STE 2200		Transaction ID : SA11AI.28240	
City DENVER	State CO	Zip Code 80202	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.28240	
Name of Employer SELF	Occupation PHILANTHROPIST	Transaction ID : SA11AI.28240	
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>DAVID HANKINS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 126 WINDRIDGE DRIVE		Transaction ID : SA11AI.27292	
City RIPLEY	State MS	Zip Code 38663	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.27292	
Name of Employer HANKINS, INC.	Occupation OWNER	Transaction ID : SA11AI.27292	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1000.00	

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



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

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

FOR LINE NUMBER:  
(check only one)

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<input 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"/>

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

**A.** Full Name (Last, First, Middle Initial)  
**HAROLD HANKINS**

Mailing Address **106 FOREST GATE ROAD**

City <b>RIPLEY</b>	State <b>MS</b>	Zip Code <b>38663</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>HANKINS, INC.</b>	Occupation <b>PRESIDENT</b>
--	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**1500.00**

Date of Receipt  

MM	DD	YYYY
06	12	2014

Transaction ID : **SA11AI.27290**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **P.O. BOX 517**

City <b>RIPLEY</b>	State <b>MS</b>	Zip Code <b>38663</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>HANKINS, INC.</b>	Occupation <b>VICE-PRESIDENT</b>
--	-------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
06	12	2014

Transaction ID : **SA11AI.27293**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **903 ROBERT E LEE DR**

City <b>GREENWOOD</b>	State <b>MS</b>	Zip Code <b>38930</b>
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**500.00**

Date of Receipt  

MM	DD	YYYY
06	18	2014

Transaction ID : **SA11AI.27805**

Amount of Each Receipt this Period  
**250.00**

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 541
	<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. BRYCE L. HARLOW</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 1812 SOLITAIRE LANE		Transaction ID : SA11AI.26608	
City MCLEAN	State VA	Zip Code 22101-4200	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HARLOW GOVT AFFAIRS	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<input type="checkbox"/> General <input checked="" type="checkbox"/> Runoff			

Full Name (Last, First, Middle Initial) <b>B. WARREN GRAHAM HARPER</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 1031 26TH RD S.		Transaction ID : SA11AI.26609	
City ARLINGTON	State VA	Zip Code 22202	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer DELTA STRATEGY GROUP	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		
<input type="checkbox"/> General <input checked="" type="checkbox"/> Runoff			

Full Name (Last, First, Middle Initial) <b>C. HUGH S HARRIS</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address PO BOX 872		Transaction ID : SA11AI.27464	
City WASHINGTON	State MS	Zip Code 39190	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation PHYSICIAN		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<input type="checkbox"/> General <input checked="" type="checkbox"/> Runoff			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 541
	<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. JACK M. HARRIS</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address P.O. BOX 194		Transaction ID : SA11AI.27847
City INVERNESS	State MS	Zip Code 38753
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer DUNN, MARLEY & HARRIS INSURANCE AGEI	Occupation CROP INSURANCE SALES TO FARMERS	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) <b>B. CAROL HARTMAN</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2014
Mailing Address 254 FOREST LAKE DRIVE		Transaction ID : SA11AI.27272
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL HAWMAN</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address PO BOX 5000 PMB188		Transaction ID : SA11AI.27690
City RANCHO SANTA FE	State CA	Zip Code 92067
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer GENERAL ATOMICS	Occupation CHIEF INFORMATION OFFICER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>THOMAS HAYES</b>		Date of Receipt
Mailing Address 5060 OLD 49		MM / DD / YYYY 06 / 19 / 2014
City	State	Zip Code
CLARKSDALE	MS	38614
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27924
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
ELLENDALE FARMS	MANAGING AGENT	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	3000.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM H. HECHT</b>		Date of Receipt
Mailing Address 2228 ARYNESS DR		MM / DD / YYYY 06 / 12 / 2014
City	State	Zip Code
VIENNA	VA	22181
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26612
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
HECHT SPENCER & ASSOCIATES	PRES	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	1000.00	

Full Name (Last, First, Middle Initial) <b>HERBERT HEFLICH</b>		Date of Receipt
Mailing Address 5 VAN PELT COURT		MM / DD / YYYY 06 / 13 / 2014
City	State	Zip Code
MARTINSVILLE	NJ	08836
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27182
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
CHELSEA SENIOR LIVING	CEO	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>A. GRAHAM N HEIKES</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 1001 CRESCENT BLVD		Transaction ID : SA11AI.26458
City GLEN ELLYN	State IL	Zip Code 60137
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. CLAYTON HEIL</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2014
Mailing Address 5927 OAKDALE ROAD		Transaction ID : SA11AI.27348
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer ICE MILLER STRATEGIES, LLC	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. MARK HEISING</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2014
Mailing Address 383 WALSH ROAD		Transaction ID : SA11AI.27109
City ATHERTON	State CA	Zip Code 94027
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 541	
	<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>MARK HEISING</b>		Date of Receipt M M / D D / Y Y - Y Y <b>06 / 15 / 2014</b>	
Mailing Address <b>383 WALSH ROAD</b>		<b>Transaction ID : SA11AI.27110</b>	
City <b>ATHERTON</b>	State <b>CA</b>	Zip Code <b>94027</b>	Amount of Each Receipt this Period <b>2600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>RETIRED</b>	
Occupation <b>RETIRED</b>		Election Cycle-to-Date <b>5200.00</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>JAMES HERRING</b>		Date of Receipt M M / D D / Y Y - Y Y <b>06 / 14 / 2014</b>	
Mailing Address <b>132 E 72ND ST</b> <b>APT 3</b>		<b>Transaction ID : SA11AI.27116</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10021</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>GOLDMAN SACHS</b>	
Occupation <b>BANKING</b>		Election Cycle-to-Date <b>1000.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

Full Name (Last, First, Middle Initial) <b>JAMES H. HERRING</b>		Date of Receipt M M / D D / Y Y - Y Y <b>06 / 13 / 2014</b>	
Mailing Address <b>P.O. BOX 344</b>		<b>Transaction ID : SA11AI.26727</b>	
City <b>CANTON</b>	State <b>MS</b>	Zip Code <b>39046</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>HERRING, LONG &amp; CREWS PC</b>	
Occupation <b>ATTORNEY</b>		Election Cycle-to-Date <b>2250.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 541
	<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>PETER N HIEBERT</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 3207 ROLLING ROAD		Transaction ID : SA11AI.26955	
City CHEVY CHASE	State MD	Zip Code 20815	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer WINSTON & STRAWN	Occupation ATTORNEY AT LAW		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>WEST HIGGINBOTHAM</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address P.O. BOX 883		Transaction ID : SA11AI.27434	
City MARIANNA	State AR	Zip Code 72360	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>WILLIAM HOAGLAND</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 10012 ROUGH RUN CT		Transaction ID : SA11AI.26610	
City FAIRFAX	State VA	Zip Code 22039	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer BIPARTISAN POLICY CENTER	Occupation ASSOCIATE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>ROY F. HODGES</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address <b>BOX 663</b>		<b>Transaction ID : SA11AI.27922</b>
City <b>DUMAS</b>	State <b>MS</b>	Zip Code <b>38625</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>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>ED HOLLAND</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address <b>2992 WEST BEACH BLVD</b>		<b>Transaction ID : SA11AI.28088</b>
City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39502</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>MISSISSIPPI POWER CO</b>	Occupation <b>PRES/CEO</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>W.G. HOLLIMAN</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address <b>4452 LAKEWOOD</b>		<b>Transaction ID : SA11AI.28138</b>
City <b>BELDEN</b>	State <b>MS</b>	Zip Code <b>38826</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>N/A</b>	Occupation <b>RETIRED</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>1000.00</b>	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 541
	<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>DANIEL HOLLOWAY</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2646 SOUTH KENMORE COURT		Transaction ID : SA11AI.27738
City ARLINGTON	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer HUNTINGTON INGALLS INDUSTRIES	Occupation VICE PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>DANIEL HOLLOWAY</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 2646 SOUTH KENMORE COURT		Transaction ID : SA11AI.28095
City ARLINGTON	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer HUNTINGTON INGALLS INDUSTRIES	Occupation VICE PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>DIANE HOLLOWAY</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 600 CRESCENT BLVD STE B		Transaction ID : SA11AI.26684
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 541
	<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>GREG HOLLOWAY</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 600 CRESCENT BLVD. SUITE B		Transaction ID : SA11AI.26674
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer TENAX AEROSPACE	Occupation DIR. OF STRATEGIC PLANNING	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>J.L. HOLLOWAY</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 600 CRESCENT BLVD. SUITE B		Transaction ID : SA11AI.26685
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer CHAIRMAN	Occupation TENAX AEROSPACE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7800.00	

Full Name (Last, First, Middle Initial) <b>TRACI HOLLOWAY</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 600 CRESCENT BLVD. SUITE b		Transaction ID : SA11AI.26675
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer UNIVERSITY MEDICAL CENTER	Occupation NURSE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 541
	<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>JOSHUA COLEMAN HOLLY</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 825 S. MONROE ST		Transaction ID : SA11AI.27316
City ARLINGTON	State VA	Zip Code 22204
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer PODESTA GROUP	Occupation GOVT/PUBLIC RELATIONS	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>RYAN HOLMES</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 188 LAMPTON LANE NE		Transaction ID : SA11AI.26907
City BROOKHAVEN	State MS	Zip Code 39601
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer DUNGAN ENGINEERING	Occupation MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 3600.00	

Full Name (Last, First, Middle Initial) <b>E. M. HOOD JR.</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 5651 FLOWER LAKE RD		Transaction ID : SA11AI.26721
City DUNDEE	State MS	Zip Code 38626
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 700.00	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
**E.M. HOOD JR.**

**A.** Mailing Address **5651 FLOWER LAKE RD**

City State Zip Code  
**DUNDEE MS 38626**

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

Name of Employer Occupation  
**SELF FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**1000.00**

Date of Receipt

MM / DD / YYYY  
**06 / 16 / 2014**

Transaction ID : **SA11AI.27409**

Amount of Each Receipt this Period

**300.00**

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

Mailing Address **3406 MILITARY ROAD**

City State Zip Code  
**ARLINGTON VA 22207**

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

Name of Employer Occupation  
**GENERAL ATOMICS STRATEGIC DEVELOPMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**2600.00**

Date of Receipt

MM / DD / YYYY  
**06 / 10 / 2014**

Transaction ID : **SA11AI.27261**

Amount of Each Receipt this Period

**2600.00**

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

Mailing Address **23 WOODLAWN DR**

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

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

Name of Employer Occupation  
**SELF COTTON PRODUCER**

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**2000.00**

Date of Receipt

MM / DD / YYYY  
**06 / 16 / 2014**

Transaction ID : **SA11AI.27429**

Amount of Each Receipt this Period

**1000.00**

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

**3900.00**

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

**3900.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 541
	<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>LINDA HUDSON</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 15611 BALLANTYNE COUNTRY CLUB RD		Transaction ID : SA11AI.27337
City CHARLOTTE	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer THE CARDEA GROUP	Occupation CHAIRMAN/CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>CARSON HUGHES</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 20 CARRIAGE COURT PLACE		Transaction ID : SA11AI.26422
City BRANDON	State MS	Zip Code 39047
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>JERRY HUNTER</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 4545 FOREST PARK AVE APT 318		Transaction ID : SA11AI.27172
City ST. LOUIS	State MO	Zip Code 63108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer BRYAN CAVE, LLP	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 541
	<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>J.L. HUST II</b>		Date of Receipt MM / DD / YYYY <b>06 / 23 / 2014</b>
Mailing Address <b>46 PEACHTREE LN</b>		<b>Transaction ID : SA11AI.28181</b>
City <b>MADISON</b>	State <b>MS</b>	Zip Code <b>39110</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>J HUST COMPUTER TRAINING</b>	Occupation <b>OWNER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>A R JAMES</b>		Date of Receipt MM / DD / YYYY <b>06 / 12 / 2014</b>
Mailing Address <b>PO BOX 248</b>		<b>Transaction ID : SA11AI.27303</b>
City <b>NEW MADRID</b>	State <b>MO</b>	Zip Code <b>63869</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>AC RILEY COTTON CO LLC</b>	Occupation <b>OPERATION MANAGER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>PAULA P JAMES</b>		Date of Receipt MM / DD / YYYY <b>06 / 13 / 2014</b>
Mailing Address <b>4777 E MESSENA DR</b>		<b>Transaction ID : SA11AI.26946</b>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39211</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2600.00</b>
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2600.00</b>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 541	
	<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>WILLIAM R. JAMES</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014		
Mailing Address 217 W CAPITOL ST STE 201		Transaction ID : SA11AI.26901		
City JACKSON	State MS	Zip Code 39201	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer PRUET COS	Occupation PRESIDENT			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00			

Full Name (Last, First, Middle Initial) <b>WILLIAM B JERNIGAN</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014		
Mailing Address 370 DEER RUN RD		Transaction ID : SA11AI.28043		
City BATESVILLE	State MS	Zip Code 38606	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer GPATS, LLC	Occupation EXECUTIVE			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) <b>JOHN O'NEIL JOHNSON III</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014		
Mailing Address P.O. BOX 5466		Transaction ID : SA11AI.27187		
City MERIDIAN	State MS	Zip Code 39302	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer JOHNSON TOYOTA	Occupation OWNER			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) <b>A. PATRICK L. JOHNSON Jr.</b>		Date of Receipt
Mailing Address P.O. BOX457		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
TUNICA	MS	38676
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27845
<input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/>
Name of Employer	Occupation	
SELF	FARMER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff	3000.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM JOHNSON</b>		Date of Receipt
Mailing Address 112 WHISPER RIDGE DR		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
MADISON	MS	39110
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27245
<input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff	350.00	

Full Name (Last, First, Middle Initial) <b>C. BOOKER T. JONES</b>		Date of Receipt
Mailing Address 5220 KEELE ST		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
JACKSON	MS	39206
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26757
<input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/>
Name of Employer	Occupation	
MINACT	PRESIDENT	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input checked="" type="checkbox"/> Other (specify) Runoff	1750.00	

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



**SCHEDULE A (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 541
	<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. ROBERT JONES</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 117 LITTLE CREEK RD		Transaction ID : SA11AI.27117
City RIDGELAND	State MS	Zip Code 39157
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM B JONES</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1425 BUENA VISTA AVENUE		Transaction ID : SA11AI.27457
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 PENDING	Occupation PENDING	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. BERNARD JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 10846 CARTER RD		Transaction ID : SA11AI.26693
City YAZOO CITY	State MS	Zip Code 39194
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>MAX H. JORDAN</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 823		Transaction ID : SA11AI.26881
City OCEAN SPRINGS	State MS	Zip Code 39564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer INTL ASSN OF LIONS CLUBS	Occupation TREASURER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>BARTHELL JOSEPH III</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 894		Transaction ID : SA11AI.27078
City GREENVILLE	State MS	Zip Code 38702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer REED JOSEPH INT'L COMPANY	Occupation VP	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MICHAEL KASSEN</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 315 NORTH AVE		Transaction ID : SA11AI.26508
City WESTPORT	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SELF	Occupation INVESTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 541
	<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>STEPHEN KATSINAS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2816 14TH STREET EAST		Transaction ID : SA11AI.27188
City TUSCALOOSA	State AL	Zip Code 35404
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer UNIVERSITY OF ALABAMA	Occupation PROFESSOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>JOHN P. KEAST</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 12594 SPILLER LANE		Transaction ID : SA11AI.26732
City MANASSAS	State VA	Zip Code 20112
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Cornerstone Government Affairs	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) <b>VIRGINIA H KEAST</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 12594 SPILLER LANE		Transaction ID : SA11AI.26734
City MANASSAS	State VA	Zip Code 20112
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 541	
	<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>CHARLOTTE C KELLEY</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address PO BOX 146		Transaction ID : SA11AI.26717
City BURLISON	State TN	Zip Code 38015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BURLISON GIN	Occupation MANAGEMENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>ANDREW KELLUM</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 139 CHICKASAW TR		Transaction ID : SA11AI.27170
City SALTILLO	State MS	Zip Code 38866
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N MS HEME ONC	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>TED KENDALL III III</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address P.O. BOX 96		Transaction ID : SA11AI.26569
City BOLTON	State MS	Zip Code 39041
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer THE GADDIS FARMS	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 541		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>CLAUDE KENNEDY</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 39 CR 2040		Transaction ID : SA11AI.28167	
City BOONEVILLE	State MS	Zip Code 38829	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>LINDA G. KENNEDY</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 39 CR 2040		Transaction ID : SA11AI.28168	
City BOONEVILLE	State MS	Zip Code 38829	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>DEAN KEY</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 29075 FRUITVALE LANE		Transaction ID : SA11AI.27169	
City VALLEY CENTER	State CA	Zip Code 92082	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer GENERAL ATOMICS	Occupation DEFENSE IND PROG MGMT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 500.00		

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

**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 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
		<input type="checkbox"/> 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>ROBERT KHAN</b>		Date of Receipt
Mailing Address <b>6407 CALMERIA PLACE</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>CARLSBAD</b>	<b>CA</b>	<b>92011</b>
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.27700</b>
Name of Employer <b>GENERAL ATOMICS</b>		Amount of Each Receipt this Period
Occupation <b>EXECUTIVE</b>		<input type="text"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		<b>1000.00</b>
Election Cycle-to-Date		
<input type="text"/>		
<b>1000.00</b>		

Full Name (Last, First, Middle Initial) <b>RICHARD KIMBERLY</b>		Date of Receipt
Mailing Address <b>1318 SKIPWITH ROAD</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>MCLEAN</b>	<b>VA</b>	<b>22101</b>
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.26611</b>
Name of Employer <b>KIMBERLY CONSULTING LLC</b>		Amount of Each Receipt this Period
Occupation <b>PRESIDENT</b>		<input type="text"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		<b>2600.00</b>
Election Cycle-to-Date		
<input type="text"/>		
<b>2600.00</b>		

Full Name (Last, First, Middle Initial) <b>ALICE KLEIN</b>		Date of Receipt
Mailing Address <b>48 BUCKLEDGE DRIVE</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>LIVINGSTON</b>	<b>NJ</b>	<b>07039</b>
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.27179</b>
Name of Employer <b>THE KLEIN GROUP</b>		Amount of Each Receipt this Period
Occupation <b>REAL ESTATE SALES</b>		<input type="text"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		<b>1000.00</b>
Election Cycle-to-Date		
<input type="text"/>		
<b>1000.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>
	<b>4600.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 541	
	<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>A. STEVEN H KLINGHOFFER</b>			Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 33 WILDWOOD DRIVE			Transaction ID : SA11AI.26525	
City SHORT HILLS	State NJ	Zip Code 07078	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Name of Employer WPI COMMUNICATIONS, INC.		
Occupation FOUNDER		Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
Election Cycle-to-Date 1000.00				

Full Name (Last, First, Middle Initial) <b>B. CONNIE S. KOSSEN</b>			Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 6300 HWY 22			Transaction ID : SA11AI.27306	
City EDWARDS	State MS	Zip Code 39066	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED		
Occupation RETIRED		Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
Election Cycle-to-Date 250.00				

Full Name (Last, First, Middle Initial) <b>C. S. EDWARD KOSSMAN Jr.</b>			Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 1201 FARMER ST			Transaction ID : SA11AI.30445	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer KOSSMAN'S INC		
Occupation CEO NEW GM DEALERSHIP		Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
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).....	

**SCHEDULE A (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 541
	<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. SANDRA S. KRAMER</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 7725 ST. CHARLES AVE.		Transaction ID : SA11AI.28115
City NEW ORLEANS	State LA	Zip Code 70118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer THE KRAMER COMPANIES	Occupation CONSULTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. HAROLD A KRAWITZ</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 1001 TULLO FARM ROAD		Transaction ID : SA11AI.26507
City BRIDGEWATER	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer CAPEZIO BALLET MAKERS INC	Occupation CFO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH LAI</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 424 E. CAPITOL ST NE #9		Transaction ID : SA11AI.28174
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00	
Name of Employer FEDERAL GOVERNMENT	Occupation SENATOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 541
	<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>E. E. LAIRD</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address P.O. BOX 1376		Transaction ID : SA11AI.27415
City OXFORD	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 1250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff		

Full Name (Last, First, Middle Initial) <b>BEN LAMENSDORF</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 240		Transaction ID : SA11AI.26722
City CARY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 3000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff		

Full Name (Last, First, Middle Initial) <b>BEN LAMENSDORF</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address P.O. BOX 240		Transaction ID : SA11AI.28229
City CARY	State MS	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation FARMER	Election Cycle-to-Date 3500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 541
	<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>JOHN S. LANGFORD, III</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 218 NORTH CHERRY ST.		Transaction ID : SA11AI.27184	
City FALLS CHURCH	State VA	Zip Code 22046	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Aurora Flight Sciences	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
<input type="checkbox"/> General <input checked="" type="checkbox"/> Runoff			

Full Name (Last, First, Middle Initial) <b>JOHN S. LANGFORD, III</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 218 NORTH CHERRY ST.		Transaction ID : SA11AI.27185	
City FALLS CHURCH	State VA	Zip Code 22046	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Aurora Flight Sciences	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
<input type="checkbox"/> General			

Full Name (Last, First, Middle Initial) <b>KENNETH LANGONE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 375 PARK AVE		Transaction ID : SA11AI.28226	
City NEW YORK	State NY	Zip Code 10152	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE HOME DEPOT	Occupation FOUNDER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
<input type="checkbox"/> General <input checked="" type="checkbox"/> Runoff			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 OF 541

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)  
**KENNETH LANGONE**

Mailing Address **375 PARK AVE**

City **NEW YORK**   State **NY**   Zip Code **10152**

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

Name of Employer **THE HOME DEPOT**   Occupation **FOUNDER**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
**06 / 30 / 2014**

Transaction ID : **SA11AI.28228**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **464 HAMILTON AVENUE**

City **TRENTON**   State **NJ**   Zip Code **08609**

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

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

Receipt For: 2014  
 Primary    General  
 Other (specify)   **Runoff**

Election Cycle-to-Date  
**220.00**

Date of Receipt  
**06 / 21 / 2014**

Transaction ID : **SA11AI.27680**

Amount of Each Receipt this Period  
**220.00**

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

Mailing Address **400 E CLEVELAND**

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

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

Name of Employer **LAWRENCE PRINTING CO.**   Occupation **CHAIRMAN**

Receipt For: 2014  
 Primary    General  
 Other (specify)   **Runoff**

Election Cycle-to-Date  
**450.00**

Date of Receipt  
**06 / 11 / 2014**

Transaction ID : **SA11AI.26514**

Amount of Each Receipt this Period  
**200.00**

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

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

**3020.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 541
	<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>JACK LAWS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2140 BRACKENSHIRE CIRCLE		Transaction ID : SA11AI.26769
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer LAWS CONSTRUCTION	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>EASON LEAKE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 2469 MEADOWBROOK DR		Transaction ID : SA11AI.28239
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer ROSS & YERGER	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>ELLEN LEAKE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 2469 MEADOWBROOK		Transaction ID : SA11AI.28238
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer 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 5200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 541
	<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>A. MICHAEL A LeBATARD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 311 EASTVIEW DRIVE		Transaction ID : SA11AI.27896
City BILOXI	State MS	Zip Code 39531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TOLAR, LEBATARD, DENMARK	Occupation ARCHITECT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM H. LEECH Sr.</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 1912 PETIT BOIS ST. N		Transaction ID : SA11AI.28163
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COPELAND, COOK, TAYLOR & BUSH	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. BRUCE LEOPOLD</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 6165		Transaction ID : SA11AI.27454
City MISSISSIPPI STATE	State MS	Zip Code 39762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MS STATE UNIVERSITY	Occupation PROFESSOR OF WILDLIFE ECOLOGY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 541	
	<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>JOHN WILLIAM LETTIERI</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 1439 CONSTITUTION AVE, NE		Transaction ID : SA11AI.27327	
City	State	Zip Code	
WASHINGTON	DC	20002	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00	
Name of Employer EIG	Occupation POLICY DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date		
	1000.00		

Full Name (Last, First, Middle Initial) <b>EDWARD C. LEVY, JR.</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 711 S. BATES ST.		Transaction ID : SA11AI.26903	
City	State	Zip Code	
BIRMINGHAM	MI	48009	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		2600.00	
Name of Employer EDWARD C. LEVY CO.	Occupation CORP EXEC		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date		
	5200.00		

Full Name (Last, First, Middle Initial) <b>H. GUY LIPSCOMB</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 635 N MADISON STREET		Transaction ID : SA11AI.27407	
City	State	Zip Code	
TUPELO	MS	38804	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1500.00	
Name of Employer SOUTHERN MOTION	Occupation FOUNDER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date		
	1500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 541	
	<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>A. WADE LITTON</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 110 E. WILSON		Transaction ID : SA11AI.27842
City GREENWOOD	State MS	Zip Code 38930
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer WADE, INC.	Occupation AGRICULTURE SALES	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. HARRY LUCAS JR</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 327 CONGRESS AVE SUITE 500		Transaction ID : SA11AI.26613
City AUSTIN	State TX	Zip Code 78701-3656
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer HARRY B. LUCAS COMPANIES	Occupation EXEC VP	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. DAVID LUGAR</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 555 12TH STREET		Transaction ID : SA11AI.27309
City WASHINGTON	State DC	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer LUGAR HELLMANN GROUP	Occupation PUBLIC AFFAIRS	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>ROBERT LUKE</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 1862 HUNTERS RUN		Transaction ID : SA11AI.28003	
City MERIDIAN	State MS	Zip Code 39301	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer LPK ARCHITECTS	Occupation ARCHITECT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>DAVID MACHADO</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 11474 STANTON CIR		Transaction ID : SA11AI.27988	
City GULFPORT	State MS	Zip Code 39532	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MACHADO PATANO PLLC	Occupation PRINICIPAL		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>LAUREN MADDOX</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014	
Mailing Address 913 ST STEPHENS ROAD		Transaction ID : SA11AI.26997	
City ALEXANDRIA	State VA	Zip Code 22304	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PODESTA GROUP	Occupation GOVT RELATIONS CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4600.00
<b>TOTAL</b> This Period (last page this line number only).....	4600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 541	
	<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>LEWIS F. MALLORY Jr.</b>		Date of Receipt MM / DD / YYYY <b>06 / 20 / 2014</b>	
Mailing Address <b>513 GREENSBORO ST.</b>		<b>Transaction ID : SA11AI.28130</b>	
City <b>STARKVILLE</b>	State <b>MS</b>	Zip Code <b>39759</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>NATIONAL BANK OF COMMERCE</b>	
Name of Employer <b>NATIONAL BANK OF COMMERCE</b>		Occupation <b>COMMERCIAL BANKING</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		Election Cycle-to-Date <b>3000.00</b>	

Full Name (Last, First, Middle Initial) <b>GEORGE MALVANEY</b>		Date of Receipt MM / DD / YYYY <b>06 / 06 / 2014</b>	
Mailing Address <b>1745 HALL RD</b>		<b>Transaction ID : SA11AI.26420</b>	
City <b>EDWARDS</b>	State <b>MS</b>	Zip Code <b>39066</b>	Amount of Each Receipt this Period <b>1500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>USES</b>	
Name of Employer <b>USES</b>		Occupation <b>CEO</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		Election Cycle-to-Date <b>3000.00</b>	

Full Name (Last, First, Middle Initial) <b>JOHANNA MANEY</b>		Date of Receipt MM / DD / YYYY <b>06 / 05 / 2014</b>	
Mailing Address <b>2019 S ARLINGTON RIDGE ROAD</b>		<b>Transaction ID : SA11AI.27269</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>02202</b>	Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>BGR GROUP</b>	
Name of Employer <b>BGR GROUP</b>		Occupation <b>PR</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		Election Cycle-to-Date <b>250.00</b>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 OF 541
	(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)  
**DOT MANN**

Mailing Address 4218 EASTRIDGE DR

City	State	Zip Code
JACKSON	MS	39211

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SA11AI.26768

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 101 65TH AVE

City	State	Zip Code
MERIDIAN	MS	39305

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

Name of Employer	Occupation
SELF	GASOLINE DISTRIBUTOR

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
7800.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : SA11AI.26557

Amount of Each Receipt this Period  
2600.00

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

Mailing Address PO BOX 292

City	State	Zip Code
MERIDIAN	MS	39302

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

Name of Employer	Occupation
MAPLES GAS	SECRETARY

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : SA11AI.26559

Amount of Each Receipt this Period  
2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 OF 541
	(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)  
**GARY G. MARCHAND**

Mailing Address **6 ROSALIE DRIVE**

City <b>LONG BEACH</b>	State <b>MS</b>	Zip Code <b>39560</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>MEMORIAL HOSPITAL @ GULFPORT</b>	Occupation <b>CEO</b>
---	--------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**2000.00**

Date of Receipt  

MM	DD	YYYY
06	20	2014

Transaction ID : **SA11AI.28081**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **3109 SYCAMORE HEIGHTS PLACE**

City <b>ESCONDIDO</b>	State <b>CA</b>	Zip Code <b>92027</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>GENERAL ATOMICS</b>	Occupation <b>HEAD OF PRODUCT LINES</b>
--	--

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
06	11	2014

Transaction ID : **SA11AI.27320**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **211 PEBBLE BROOK DR**

City <b>CLINTON</b>	State <b>MS</b>	Zip Code <b>39056</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**280.00**

Date of Receipt  

MM	DD	YYYY
06	18	2014

Transaction ID : **SA11AI.27804**

Amount of Each Receipt this Period  
**30.00**

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

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

**2030.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 541	
	<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>WILLIAM MARTIN</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 73 SUNNYSIDE DR.		Transaction ID : SA11AI.30436	
City BATTLECREEK	State MI	Zip Code 49015	Amount of Each Receipt this Period 500.00 VOTESANE PAC [MEMO ITEM]
FEC ID number of contributing federal political committee. C			
Name of Employer MICHIGAN ASSOC OF REALTORS	Occupation REALTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>DICK MASON III</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 2139 SHEFFIELD DR		Transaction ID : SA11AI.26567	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation INVESTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>DON E. MASON</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 5 COLONEL WINK DR.		Transaction ID : SA11AI.28192	
City GULFPORT	State MS	Zip Code 39507	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Future Pipe Industries	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 4100.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 541
	<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>JENNIFER W. MAVAR</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 447 SANLENAY CT		Transaction ID : SA11AI.26555
City BILOXI	State MS	Zip Code 39531
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>MARK MAVAR</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address P.O. BOX 730		Transaction ID : SA11AI.26554
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer BILOXI FREEZING & PROCESSING	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>VICTOR V. MAVAR Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address P.O. BOX 1910		Transaction ID : SA11AI.26463
City BILOXI	State MS	Zip Code 39533
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1600.00	
Name of Employer BILOXI FREEZING	Occupation SEAFOOD PROCESSING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 541
	<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. VICTOR MAVAR</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 630 BEACH BLVD		Transaction ID : SA11AI.28091	
City BILOXI	State MS	Zip Code 39530	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3600.00		

Full Name (Last, First, Middle Initial) <b>B. PHILLIP MAY</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 5414 S. CHARLES AVE		Transaction ID : SA11AI.27241	
City NEW ORLEANS	State LA	Zip Code 70015	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ENTERGY LOUISIANA	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. LARRY McADOO</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 113 WISTERIA HILL DR		Transaction ID : SA11AI.27317	
City FLOWOOD	State MS	Zip Code 39232	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 541	
	<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>A. CHARLIE McBRIDE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1025 CONNECTICUT AVE NW		Transaction ID : SA11AI.27685
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CONSORTIUM FOR ENERGY, ENVIRON	Occupation CONSULTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. JULIE McCREY</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1031 CHRISTIAN ST		Transaction ID : SA11AI.26599
City PHILADELPHIA	State PA	Zip Code 19147
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer JEM DEFENSE & INDUSTRIAL COOP	Occupation EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. GLENN L. McCULLOUGH JR.</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 256 CR 183		Transaction ID : SA11AI.27779
City TUPELO	State MS	Zip Code 38804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer GLM ASSOCIATES, LLC	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 541	
	<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>HUGH T McDONALD</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 52 FONTENAY CIR		<b>Transaction ID : SA11AI.27764</b>	
City State Zip Code LITTLE ROCK AR 72223	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee.	C		
Name of Employer Occupation ENTERGY ARKANSAS CEO	Election Cycle-to-Date 1000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOHN W. McGOWAN</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014	
Mailing Address P.O. BOX 55809		<b>Transaction ID : SA11AI.27875</b>	
City State Zip Code JACKSON MS 39296	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee.	C		
Name of Employer Occupation MCGOWAN WORKING PARTNERS, INC GEOLOGIST	Election Cycle-to-Date 4000.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

<b>C.</b> Full Name (Last, First, Middle Initial) <b>JENEL MCGRATH</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 719 N. CROCKETT		<b>Transaction ID : SA11AI.30437</b>	
City State Zip Code SHERMAN TX 75090	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee.	C		
Name of Employer Occupation JENEL MCGRATH REALTY REALTOR	Election Cycle-to-Date 500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 541
	<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)  
**MARGARET B. McKEE**

Mailing Address **P. O. BOX 179**

City **FRIARS POINT** State **MS** Zip Code **38631**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

Transaction ID : **SA11AI.27995**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **2111 WOODMONT RD**

City **ALEXANDRIA** State **VA** Zip Code **22307**

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

Name of Employer **THE SMITH-FREE GROUP** Occupation **SR. VP**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11AI.26796**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **P.O. BOX 1677**

City **RIDGELAND** State **MS** Zip Code **39158**

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

Name of Employer **THE ORCHARD RETIREMENT COMMUNI** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11AI.27297**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2500.00**

**SCHEDULE A (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 541

<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)  
**JOHN W. McPHERSON Jr.**

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

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

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

Name of Employer **GRESHAM OIL CO** Occupation **MERCHANT**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **4153.34**

Date of Receipt  

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	4		

Transaction ID : **SA11AI.26513**

Amount of Each Receipt this Period  

2	0	0	0	0	0
---	---	---	---	---	---

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

Mailing Address **PO BOX 7**

City **GRACEVILLE** State **FL** Zip Code **32440**

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

Name of Employer **REX LUMBER** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt  

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	6		1	3		2	0	1	4		

Transaction ID : **SA11AI.26925**

Amount of Each Receipt this Period  

2	6	0	0	0	0
---	---	---	---	---	---

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES F McRAE JR.**

Mailing Address **P.O. BOX 7**

City **GRACEVILLE** State **FL** Zip Code **32440**

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

Name of Employer **REX LUMBER** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt  

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	6		1	3		2	0	1	4		

Transaction ID : **SA11AI.26927**

Amount of Each Receipt this Period  

2	6	0	0	0	0
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**SUBTOTAL** of Receipts This Page (optional) .....

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

7200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 541
	<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>MICHAEL McREE</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address P.O. BOX 1006		Transaction ID : SA11AI.27246
City JACKSON	State MS	Zip Code 39215
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer INVESTER, INC.	Occupation INVESTMENT ADVISOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JOSEPH R. MEADOWS</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 15029 LAURELWOOD DR		Transaction ID : SA11AI.28100
City GULFPORT	State MS	Zip Code 39503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>ASHLEY MEENA</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 4764 E MASSENA DR		Transaction ID : SA11AI.26742
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4350.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>HU MEENA</b>		Date of Receipt MM / DD / YYYY <b>06 / 13 / 2014</b>	
Mailing Address <b>4764 E. MASSENA DR</b>		<b>Transaction ID : SA11AI.26741</b>	
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39211</b>	Amount of Each Receipt this Period <b>2600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>3850.00</b>	
Name of Employer <b>CSPIRE</b>	Occupation <b>PRES/CEO</b>	Election Cycle-to-Date <b>3850.00</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

Full Name (Last, First, Middle Initial) <b>DONALD E. MEINERS</b>		Date of Receipt MM / DD / YYYY <b>06 / 13 / 2014</b>	
Mailing Address <b>230 WINGED FOOT CIRCLE</b>		<b>Transaction ID : SA11AI.26862</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>		Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	Election Cycle-to-Date <b>1000.00</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

Full Name (Last, First, Middle Initial) <b>RICHARD MELTON</b>		Date of Receipt MM / DD / YYYY <b>06 / 18 / 2014</b>	
Mailing Address <b>P.O. BOX 1140</b>		<b>Transaction ID : SA11AI.27843</b>	
City <b>TUNICA</b>	State <b>MS</b>	Zip Code <b>38676</b>	Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>SELF</b>	Occupation <b>FARMER</b>	Election Cycle-to-Date <b>500.00</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 541
	<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>KEVIN MEYERS</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1100 UPTOWN PARK BLVD UNIT 151		Transaction ID : SA11AI.27374
City HOUSTON	State TX	Zip Code 77056
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer HESS CORPORATION	Occupation DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>THEODORE MICEVICIUS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 8425 MASTERS CT		Transaction ID : SA11AI.26600
City ALEXANDRIA	State VA	Zip Code 22308
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer AIRBUS GROUP, INC.	Occupation VP HOMELAND SECURITY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>SCOTT MIDDLETON</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 3830 MAJESTIC OAKS DR		Transaction ID : SA11AI.27840
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 DELTA OIL MIL	Occupation PRESIDENT/GM	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 541	
	<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>MARY C. MILLS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 602 CRESCENT PLACE STE. 100		Transaction ID : SA11AI.26940	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C	Name of Employer HOMEMAKER		
Occupation HOMEMAKER		Election Cycle-to-Date 5200.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>RICHARD H. MILLS Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 602 CRESCENT PLACE STE 100		Transaction ID : SA11AI.26941	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C	Name of Employer TELLUS OPERATING GROUP, LLC		
Occupation MANAGER		Election Cycle-to-Date 5200.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>JOHN D. MILNE</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 409 G STREET S.E.		Transaction ID : SA11AI.26601	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Name of Employer MCPITOL MANAGEMENT		
Occupation SR VP		Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 541
	<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. GUY W. MITCHELL III</b>			Date of Receipt MM / DD / YYYY 06 / 12 / 2014		
Mailing Address P.O. BOX 7120			Transaction ID : SA11AI.26638		
City TUPELO	State MS	Zip Code 38802	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer MITCHELL MCNUTT & SAMS		Occupation ATTORNEY			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1500.00			

Full Name (Last, First, Middle Initial) <b>B. MANNY MITCHELL</b>			Date of Receipt MM / DD / YYYY 06 / 23 / 2014		
Mailing Address 701 BEECHWOOD DR			Transaction ID : SA11AI.28161		
City MERIDIAN	State MS	Zip Code 39305	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer MITCHELL DISTRIBUTING		Occupation OWNER/CEO			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2000.00			

Full Name (Last, First, Middle Initial) <b>C. NED A. MITCHELL</b>			Date of Receipt MM / DD / YYYY 06 / 11 / 2014		
Mailing Address P.O. BOX 720			Transaction ID : SA11AI.26532		
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer BOLIVAR INSURANCE AGENCY INC		Occupation INSURANCE AGENT			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1500.00			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 OF 541

<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"/>

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

**A.** Full Name (Last, First, Middle Initial)  
**FRANK M. MITCHENER Jr.**

Mailing Address **P.O. BOX 419**

City <b>SUMNER</b>	State <b>MS</b>	Zip Code <b>38957</b>
-----------------------	--------------------	--------------------------

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**3000.00**

Date of Receipt  

M M	D D	Y Y Y Y
06	18	2014

Transaction ID : **SA11AI.27814**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **P.O. BOX 1668**

City <b>TUPELO</b>	State <b>MS</b>	Zip Code <b>38802</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>ROSS &amp; YERGER</b>	Occupation <b>SR VP</b>
--	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**3600.00**

Date of Receipt  

M M	D D	Y Y Y Y
06	12	2014

Transaction ID : **SA11AI.26647**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **36 ASHBURY PLACE**

City <b>COLUMBIA</b>	State <b>MS</b>	Zip Code <b>39429</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>DUNGAN ENGINEERING</b>	Occupation <b>PRINCIPAL</b>
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2600.00**

Date of Receipt  

M M	D D	Y Y Y Y
06	13	2014

Transaction ID : **SA11AI.26913**

Amount of Each Receipt this Period  
**2600.00**

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

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



**SCHEDULE A (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 541

<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)  
**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) **Runoff**

Election Cycle-to-Date **3000.00**

Date of Receipt  

MM	DD	YYYY
06	05	2014

Transaction ID : **SA11AI.27281**

Amount of Each Receipt this Period  

500.00
--------

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

Mailing Address **923 COOPER DR**

City **DYERSBURG** State **TN** Zip Code **38024**

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

Name of Employer **COLD CREEK FARMS** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **500.00**

Date of Receipt  

MM	DD	YYYY
06	24	2014

Transaction ID : **SA11AI.27993**

Amount of Each Receipt this Period  

500.00
--------

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

Mailing Address **P.O. BOX 4000**

City **BROOKHAVEN** State **MS** Zip Code **39603**

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

Name of Employer **RESEARCH PLANNING & SUPPORT** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **770.00**

Date of Receipt  

MM	DD	YYYY
06	24	2014

Transaction ID : **SA11AI.32472**

Amount of Each Receipt this Period  

770.00
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In-kind - GOTV - DOOR TO DOOR

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

1770.00
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**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 541	
	<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>NORMAN MOORE</b>		Date of Receipt M / M / D D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 240 JOHNSTONE DRIVE		Transaction ID : SA11AI.27452	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Name of Employer HORNE LLP	
Occupation CPA		Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>RODERICK MOORE</b>		Date of Receipt M / M / D D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 103 PELICAN PLACE		Transaction ID : SA11AI.27660	
City BRANDON	State MS	Zip Code 39047	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED	
Occupation RETIRED		Election Cycle-to-Date 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) <b>CHARLES MOSELEY</b>		Date of Receipt M / M / D D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 855 EAST SCENIC DRIVE		Transaction ID : SA11AI.27666	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Name of Employer WAYPOINT CONSULTING LLC	
Occupation CONSULTING/BUS DEVELOPMENT		Election Cycle-to-Date 2500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 131 OF 541

<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)  
**ERIN R MOSELEY**

Mailing Address **820 S COLUMBUS ST**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>P STRATEGIES DC</b>	Occupation <b>PRESIDENT</b>
--	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**2600.00**

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y
06	12	2014

Transaction ID : SA11AI.26602

Amount of Each Receipt this Period

<b>2600.00</b>
----------------

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

Mailing Address **3833 OLD CANTON ROAD**

City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39216</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>N/A</b>	Occupation <b>HOUSEWIFE</b>
--------------------------------	--------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**7800.00**

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y
06	20	2014

Transaction ID : SA11AI.30681

Amount of Each Receipt this Period

<b>7800.00</b>
----------------

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

Mailing Address **200 E. CAPITOL STREET**  
**SUITE 1601**

City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39201</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>SELF</b>	Occupation <b>OIL, GAS &amp; REAL ESTATE INVESTMENTS</b>
---------------------------------	---

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**7800.00**

Date of Receipt

M M M	D D D	Y Y Y Y Y Y Y
06	19	2014

Transaction ID : SA11AI.27912

Amount of Each Receipt this Period

<b>7800.00</b>
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**SUBTOTAL** of Receipts This Page (optional).....

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

<b>7800.00</b>
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 541
	<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>MS BAND OF CHOCTAW INDIANS</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address P.O. BOX 6090 CHOCTAW BRANCH		Transaction ID : SA11AI.28035	
City PHILADELPHIA	State MS	Zip Code 39350	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Occupation Election Cycle-to-Date 7600.00		

Full Name (Last, First, Middle Initial) <b>PAT MULLIGAN</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 1814 KALORAMA SQUARE NW		Transaction ID : SA11AI.27459	
City WASHINGTON	State DC	Zip Code 20008	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Occupation RETIRED Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>KENNETH MURPHREE</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address P.O. BOX 205		Transaction ID : SA11AI.27848	
City TUNICA	State MS	Zip Code 38676	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer TUNICA Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Occupation COUNTY ADMINISTRATOR Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3800.00
<b>TOTAL</b> This Period (last page this line number only).....	3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 541
	<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>ROBERT S MURPHREE</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address P O BOX 370		Transaction ID : SA11AI.26461
City JACKSON	State MS	Zip Code 39205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) <b>DANNY MURPHY</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 222 WAY ROAD		Transaction ID : SA11AI.26985
City CANTON	State MS	Zip Code 39046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) <b>CLYDE MUSE</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 228 TRACE CIRCLE		Transaction ID : SA11AI.26864
City RAYMOND	State MS	Zip Code 39154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HINDS COMMUNITY COLLEGE	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 541
	<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>SHERMAN MUTHS, JR.</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address POST OFFICE BOX 6649		Transaction ID : SA11AI.28188
City GULFPORT	State MS	Zip Code 39506
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>MARK MYERS</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2014
Mailing Address 39203 LAUREL LEAF DR		Transaction ID : SA11AI.27114
City MURRIETA	State CA	Zip Code 92563
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer GENERAL ATOMICS	Occupation ENGINEERING MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>JOSEPH J NASH</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1206 KIRK CR		Transaction ID : SA11AI.26719
City GREENVILLE	State MS	Zip Code 38701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer DELTA IMPLEMENT	Occupation COO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 541
	<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. BARBARA ELIZABETH NAU</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address PO BOX 130130		Transaction ID : SA11AI.26931	
City HOUSTON	State TX	Zip Code 77219-0130	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN L NAU, III</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address PO BOX 130130		Transaction ID : SA11AI.26930	
City HOUSTON	State TX	Zip Code 77219-0130	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SILVER EAGLE	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY G. NAVARRA</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 3462 HAWK ST		Transaction ID : SA11AI.27984	
City SAN DIEGO	State CA	Zip Code 92103	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer GENERAL ATOMICS	Occupation SENIOR VP		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 541
	<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>GORDON L NELSON</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address P.O. BOX 2366		Transaction ID : SA11AI.26451
City MELBOURNE	State FL	Zip Code 32902
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer FL INSTITUTE OF TECHNOLOGY	Occupation PROFESSOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>JAMES E. NEWSOME</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 5 BYRAM COURT		Transaction ID : SA11AI.26603
City MENDHAM	State NJ	Zip Code 07945
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer DELTA STRATEGY GROUP	Occupation ASSOCIATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6200.00	

Full Name (Last, First, Middle Initial) <b>L. BRUCE NEWTON</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 4543 MENGE AVE.		Transaction ID : SA11AI.28097
City PASS CHRISTIAN	State MS	Zip Code 39571
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer DIGITAL ENGINEERING	Occupation EXEC VP	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 800.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 541
	<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. DON NICKLES</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014	
Mailing Address 903 CENTRILLION DR.		Transaction ID : SA11AI.27679	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer THE NICKLES GROUP	Occupation CEO/CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>B. SOPHIE NORD</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 1755 LELIA DRIVE		Transaction ID : SA11AI.32621	
City JACKSON	State MS	Zip Code 39296	Amount of Each Receipt this Period 1075.00 In-kind - GOTV - DOOR TO DOOR
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation POLITICAL CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1075.00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL NOVOGRADAC</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014	
Mailing Address 244 GLORIETTA BLVD		Transaction ID : SA11AI.26993	
City ORINDA	State CA	Zip Code 94563	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NOVOGRADAC & COMPANY LLP	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3075.00
<b>TOTAL</b> This Period (last page this line number only).....	3075.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

**A.** Full Name (Last, First, Middle Initial)  
**C.G. O'BRIEN**

Mailing Address **640 LAKELAND EAST DR  
SUITE F**

City **JACKSON** State **MS** Zip Code **39232**

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

Name of Employer **SELF** Occupation **PSYCHOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11AI.27294**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **111 REYNOLDS CIRCLE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 05 / 2014**

Transaction ID : **SA11AI.27268**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **PO BOX 185**

City **CHATHAM** State **MS** Zip Code **38731**

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

Name of Employer **CAMPBELL DELONG, LLP** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D / Y Y Y Y  
**06 / 13 / 2014**

Transaction ID : **SA11AI.26714**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

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

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

FOR LINE NUMBER: PAGE 139 OF 541  
(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)  
**GEORGE L OHRSTROM II**

Mailing Address **PO BOX 1000**

City **BERRYVILLE** State **VA** Zip Code **22611**

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

Name of Employer **G L OHRSTROM & CO INC** Occupation **INVESTMENTS**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.26899**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **7910 ALBIN LANE**

City **HOUSTON** State **TX** Zip Code **77071**

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

Name of Employer **ES DESIGN, LLC** Occupation **MGR**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt **06 / 11 / 2014**  
Transaction ID : **SA11AI.27334**

Amount of Each Receipt this Period **2600.00**

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

Mailing Address **8165 KIMRIDGE DR**

City **GERMANTOWN** State **TN** Zip Code **38138**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 11 / 2014**  
Transaction ID : **SA11AI.27323**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **3850.00**

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

**SCHEDULE A (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 541
	<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) <b>DAVID M. OWEN</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 604 WOODBINE LANE		Transaction ID : SA11AI.27244	
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

B. Full Name (Last, First, Middle Initial) <b>F RALPH OWENS, JR</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address PO BOX 100		Transaction ID : SA11AI.27873	
City METCALFE	State MS	Zip Code 38760	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

C. Full Name (Last, First, Middle Initial) <b>FAHRI OZTURK</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 355 PROSPECT ST		Transaction ID : SA11AI.27329	
City STEWARTSVILLE	State NJ	Zip Code 08886	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MASSEY KNAKAL REALTY SERVICES	Occupation INVESTMENT SALES BROKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1300.00		

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 541
	<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)  
**GREGORY ALAN PALMER**

Mailing Address 442 TIFFANY LN

City JACKSON State MS Zip Code 39212

FEC ID number of contributing federal political committee.

Name of Employer HINDS COMM COLLEGE Occupation ADMINISTRATIVE ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

Transaction ID : SA11AI.26771

Amount of Each Receipt this Period

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

Mailing Address 1800 OLD MEADOW DR #1119

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee.

Name of Employer TENAX AEROSPACE Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

Transaction ID : SA11AI.26676

Amount of Each Receipt this Period

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

Mailing Address 1800 OLD MEADOW DR #1119

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee.

Name of Employer LIQUIDITY SERVICES, INC. Occupation DIRECTOR OF PROGRAM MGT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

Transaction ID : SA11AI.26677

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 142 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 11d
	<input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>HENRY PARIS</b>		Date of Receipt																				
Mailing Address 1310 PELICAN LOOP		<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>06</td><td></td><td></td><td>16</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	06			16			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
06			16			2014																
City	State	Zip Code																				
OXFORD	MS	38655																				
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27458																				
Name of Employer PLANTERS BANK		Amount of Each Receipt this Period																				
Occupation BANKER		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Receipt For: 2014	Election Cycle-to-Date																					
<input type="checkbox"/> Primary <input type="checkbox"/> General	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																				
3000.00																						
<input checked="" type="checkbox"/> Other (specify) Runoff																						

Full Name (Last, First, Middle Initial) <b>HUGH PARKER</b>		Date of Receipt																				
Mailing Address 120 CANTERBURY PLACE		<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>06</td><td></td><td></td><td>13</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	06			13			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
06			13			2014																
City	State	Zip Code																				
RIDGELAND	MS	39157																				
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26814																				
Name of Employer HORNE LLP		Amount of Each Receipt this Period																				
Occupation CPA		<table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Receipt For: 2014	Election Cycle-to-Date																					
<input type="checkbox"/> Primary <input type="checkbox"/> General	<table border="1"><tr><td>500.00</td></tr></table>	500.00																				
500.00																						
<input checked="" type="checkbox"/> Other (specify) Runoff																						

Full Name (Last, First, Middle Initial) <b>MILTON PARRISH</b>		Date of Receipt																				
Mailing Address 28522 HWY 17N		<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>06</td><td></td><td></td><td>18</td><td></td><td></td><td>2014</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	06			18			2014			
M	M	/	D	D	/	Y	Y	Y	Y													
06			18			2014																
City	State	Zip Code																				
LEXINGTON	MS	39095																				
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.27841																				
Name of Employer SELF		Amount of Each Receipt this Period																				
Occupation FARMER		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Receipt For: 2014	Election Cycle-to-Date																					
<input type="checkbox"/> Primary <input type="checkbox"/> General	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																				
2000.00																						
<input checked="" type="checkbox"/> Other (specify) Runoff																						

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"><tr><td>2250.00</td></tr></table>	2250.00
2250.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE A (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 541
	<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>RICHARD SCOTT PARSONS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1510 23RD ST. SOUTH		Transaction ID : SA11AI.26604
City ARLINGTON	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer DELTA STRATEGY GROUP	Occupation ASSOCIATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6200.00	

Full Name (Last, First, Middle Initial) <b>CHAN PATEL</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 5009 BLUFF COVE		Transaction ID : SA11AI.26641
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer CTR PROPERTIES	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>H. PATTON</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 29273 HIGHWAY 31		Transaction ID : SA11AI.26724
City ANGUILLA	State MS	Zip Code 38721
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 541
	<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>FRANK M. PATTY Jr.</b>		Date of Receipt MM / DD / YYYY <b>06 / 11 / 2014</b>
Mailing Address <b>P.O. BOX 142</b>		<b>Transaction ID : SA11AI.26540</b>
City <b>YAZOO CITY</b>	State <b>MS</b>	Zip Code <b>39194</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>N/A</b>	Occupation <b>RETIRED</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>TERRY PAUL</b>		Date of Receipt MM / DD / YYYY <b>06 / 12 / 2014</b>
Mailing Address <b>700 13TH ST NW STE 400</b>		<b>Transaction ID : SA11AI.26794</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>CASSIDY &amp; ASSOCIATES</b>	Occupation <b>EXEC VP/DIRECTOR OF DEFENSE GROUP</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>EMIL H. PAWLIK</b>		Date of Receipt MM / DD / YYYY <b>06 / 09 / 2014</b>
Mailing Address <b>11 AVERY CIRCLE</b>		<b>Transaction ID : SA11AI.26991</b>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39211</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>100.00</b>	
Name of Employer <b>HUGHES EASTERN CORP</b>	Occupation <b>PETROLEUM ENGINEER</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 541
	<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>WILLIAM D. PAYNE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 25 KATHERINE POINTE DR.		Transaction ID : SA11AI.26561	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MADISON RIDGELAND CHILDREN'S	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>FRED PERMENTER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 105 E. SPRING ST		Transaction ID : SA11AI.28114	
City RIPLEY	State MS	Zip Code 38663	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer PERMENTER & ELLIOTT	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>HANS PETTIT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address 106 LANGDON DRIVE		Transaction ID : SA11AI.27460	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HORNE LLP	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Runoff	Election Cycle-to-Date 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 541
	<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)  
**C. RAY PHILLIPS**

Mailing Address **372 SUN DIAL ROAD**

City <b>MADISON</b>	State <b>MS</b>	Zip Code <b>39110</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**06 / 18 / 2014**

Transaction ID : **SA11AI.27827**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **4024 MONEYSUNK RD**

City <b>YAZOO CITY</b>	State <b>MS</b>	Zip Code <b>39194</b>
---------------------------	--------------------	--------------------------

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
**06 / 16 / 2014**

Transaction ID : **SA11AI.27428**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address **PO BOX 819**

City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39502</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>SELF</b>	Occupation <b>INSURANCE BROKER</b>
---------------------------------	---------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**06 / 11 / 2014**

Transaction ID : **SA11AI.27336**

Amount of Each Receipt this Period  
**500.00**

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 541	
	<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)  
**PICKERING FOR CONGRESS**

Mailing Address 155 DOMINION PARK WAY

City BRANDON	State MS	Zip Code 39042
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00308577

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

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
7250.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11AI.27720

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 507 FRANKLIN ST

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

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

Name of Employer BERGERON & PLAUCHE	Occupation CERTIFIED FINANCIAL PLANNER
--	---

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : SA11AI.27475

Amount of Each Receipt this Period  
250.00

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

Mailing Address NO. 4 TROON

City HATTIESBURG	State MS	Zip Code 39401
---------------------	-------------	-------------------

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

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : SA11AI.26527

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... 1450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 541
	<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. JON PORTER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address PO BOX 60246		Transaction ID : SA11AI.27701	
City BOULDER CITY	State NV	Zip Code 89006	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer PORTER GORDON SILVER	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. RICHARD PRICE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 1168 OLD SUMRALL RD		Transaction ID : SA11AI.26538	
City COLUMBIA	State MS	Zip Code 39429	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BARKSDALE BONDING AND INS	Occupation AGENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL QUADRINI</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 3136 PLUM COURT		Transaction ID : SA11AI.27291	
City ESCONDIDO	State CA	Zip Code 92027	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer GENERAL ATOMICS	Occupation ENGINEERING MGR		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 541
	<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>DAVID M. RATCLIFF</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 706		Transaction ID : SA11AI.26900
City LAUREL	State MS	Zip Code 39441
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RATCLIFF & RATCLIFF	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>SARA L. RAWLINGS</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 113 13TH ST. SE		Transaction ID : SA11AI.26996
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer BAKER DONELSON	Occupation SR ADVISOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3600.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM N. REED</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 28 WATERFORD PLACE		Transaction ID : SA11AI.26942
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer BAKER DONELSON	Occupation ATTORNEY AT LAW	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
**TERRY REEVES**

Mailing Address **P.O. BOX 6276**

City **PEARL** State **MS** Zip Code **39288**

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

Name of Employer **CLIMATE MASTERS** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5200.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2014			

Transaction ID : SA11AI.26539

Amount of Each Receipt this Period  

2600.00
---------

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

Mailing Address **1631 HOBART STREET NW**

City **WASHINGTON** State **DC** Zip Code **20009**

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

Name of Employer **KOUNTOUPES DENHAM** Occupation **LOBBYIST**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2014			

Transaction ID : SA11AI.27686

Amount of Each Receipt this Period  

250.00
--------

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

Mailing Address **6793 FATHER JOHN CT**

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

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

Name of Employer **CASSIDY & ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5100.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2014			

Transaction ID : SA11AI.27266

Amount of Each Receipt this Period  

2600.00
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**SUBTOTAL** of Receipts This Page (optional).....

5450.00
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**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 541
	<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>IRL DEAN RHODES</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 159 DOGWOOD PLACE		Transaction ID : SA11AI.27418	
City FLOWOOD	State MS	Zip Code 39232	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>BRIAN RICHARDSON</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 4420 CHALICE DRIVE		Transaction ID : SA11AI.27932	
City SOUTHAVEN	State MS	Zip Code 38672	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer A&B DISTRIBUTING	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>RODNEY RICHARDSON</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014	
Mailing Address 1609 24TH AVE		Transaction ID : SA11AI.27248	
City MERIDIAN	State MS	Zip Code 39301	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer 24TH AVE DENTAL CLINIC	Occupation DENTIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 750.00		

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

**SCHEDULE A (FEC Form 3)**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
**JULIUS M. RIDGWAY**

Mailing Address **P.O. BOX 195**

City <b>RIDGELAND</b>	State <b>MS</b>	Zip Code <b>39158</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>SELF</b>	Occupation <b>OIL &amp; GAS EXPLORATION</b>
---------------------------------	--

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**3100.00**

Date of Receipt

MM / DD / YYYY
06 / 13 / 2014

Transaction ID : SA11AI.27074

Amount of Each Receipt this Period

2600.00
---------

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

Mailing Address **2707 13TH ST PLACE SW**

City <b>PUYALLUP</b>	State <b>WA</b>	Zip Code <b>98373</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>GATEWAY GMAC</b>	Occupation <b>REALTOR</b>
---	------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**500.00**

Date of Receipt

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : SA11AI.30434

Amount of Each Receipt this Period

500.00
--------

VOTESANE PAC

[MEMO ITEM]

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

Mailing Address **1005 JAMIE COVE**

City <b>NEW ALBANY</b>	State <b>MS</b>	Zip Code <b>38652</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>GENERAL ATOMICS</b>	Occupation <b>VP OF MANUFACTURING/OPERATIONS</b>
--	---

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**500.00**

Date of Receipt

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SA11AI.27314

Amount of Each Receipt this Period

500.00
--------

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

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

3100.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 541
	<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)  
**ROBERT L. ROBINSON**

Mailing Address 29 CR 406

City IUKA State MS Zip Code 38852

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 901.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2014

Transaction ID : SA11AI.27517

Amount of Each Receipt this Period  
 601.00

In-kind - Advertising

**B.** Full Name (Last, First, Middle Initial)  
**JAMES D. ROLLINS III**

Mailing Address 1762 NORTH PARC CIR

City TUPELO State MS Zip Code 38804

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

Name of Employer BXS Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2014

Transaction ID : SA11AI.28207

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 210 TRACE COLONY PARK DR

City RIDGELAND State MS Zip Code 39157

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

Name of Employer ROUNDTREE & ASSOCIATES Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2014

Transaction ID : SA11AI.26533

Amount of Each Receipt this Period  
 250.00

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

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

3451.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 OF 541	
	<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>JOHN W. ROUNSAVILLE</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 206 CULPEPPER BLVD		Transaction ID : SA11A1.28172	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer WAGGONER ENGINEERING	Occupation VP STRATEGIC SERVICES		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>RAY ROUNSAVILLE</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address P.O. BOX 55		Transaction ID : SA11A1.26800	
City CHARLESTON	State MS	Zip Code 38921	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ROUNSAVILLE FARMS	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>JAMES ROUSE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 2042 DIAMOND SPRINGS DR		Transaction ID : SA11A1.28142	
City HOUSTON	State TX	Zip Code 77077	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 OF 541
	(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)  
**KARL ROVE**

Mailing Address 1408 CIRCLE RIDGE DRIVE

City State Zip Code  
AUSTIN TX 78746

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

Name of Employer Occupation  
SELF CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
06 / 22 / 2014

Transaction ID : SA11AI.27691

Amount of Each Receipt this Period  
1000.00

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

Mailing Address P.O. BOX 4795

City State Zip Code  
JACKSON MS 39296

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

Name of Employer Occupation  
PINNACLE TRUST WEALTH ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2000.00

Date of Receipt  
06 / 19 / 2014

Transaction ID : SA11AI.27874

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOE F. SANDERSON Jr.**

Mailing Address P.O. BOX 988

City State Zip Code  
LAUREL MS 39441

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

Name of Employer Occupation  
SANDERSON FARMS CHAIRMAN/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
6200.00

Date of Receipt  
06 / 11 / 2014

Transaction ID : SA11AI.26565

Amount of Each Receipt this Period  
2600.00

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

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 541
	<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. KATHERINE L. SANDERSON</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 1005 W. 15TH ST		Transaction ID : SA11AI.26566	
City LAUREL	State MS	Zip Code 39440	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. BEN B. SAYLE</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address P.O. BOX 4700		Transaction ID : SA11AI.26888	
City GREENVILLE	State MS	Zip Code 38704	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SAYLE SANDIFER & ASSOCIATES	Occupation CPA		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>C. RICHARD SCHENK</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 3812 CHAUMONT CIR		Transaction ID : SA11AI.28079	
City OCEAN SPRINGS	State MS	Zip Code 39564	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer INGALLS SHIPBUILDING	Occupation VP PROGRAM MGMT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional) .....	3800.00
TOTAL This Period (last page this line number only) .....	3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 157 OF 541
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 11d
	<input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**VINCENT SCOPER**

Mailing Address P.O. BOX 2366

City: **LAUREL** State: **MS** Zip Code: **39442**

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

Name of Employer: **SELF** Occupation: **GEOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date: **500.00**

Date of Receipt: **06 / 13 / 2014**

Transaction ID : **SA11AI.26879**

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

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

Mailing Address 202 HILLSIDE STREET

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

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

Name of Employer: **HORNE LLP** Occupation: **CPA**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

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

Date of Receipt: **06 / 16 / 2014**

Transaction ID : **SA11AI.27453**

Amount of Each Receipt this Period: **2500.00**

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

Mailing Address 1801 EDGEHILL DR

City: **ALEXANDRIA** State: **VA** Zip Code: **22307**

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

Name of Employer: **WELSH CARSON** Occupation: **INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

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

Date of Receipt: **06 / 10 / 2014**

Transaction ID : **SA11AI.27260**

Amount of Each Receipt this Period: **2000.00**

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

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

**4750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 541
	<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>ETTA VERA SEAGO</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 607		Transaction ID : SA11AI.26870
City MCCOMB	State MS	Zip Code 39649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer GULF LEASING, INC.	Occupation SECRETARY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>KEVIN SEARS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 42 FLORENTINE GARDENS		Transaction ID : SA11AI.30404
City SPRINGFIELD	State MA	Zip Code 01108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SEARS REAL ESTATE	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>WYNN SEEMANN</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 25258 NOTRE DAMES		Transaction ID : SA11AI.28198
City PASS CHRISTIAN	State MS	Zip Code 39571
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation EDUCATOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 OF 541
	(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>WILLIAM SEEMANN III</b>		Date of Receipt
Mailing Address 25258 NOTRE DAMES		M M / D D / Y Y Y Y 06 / 23 / 2014
City	State	Transaction ID : SA11AI.28197
PASS CHRISTIAN	MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		2600.00
Name of Employer	Occupation	
SEEMANN COMPOSITES	PRESIDENT/MANAGER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Runoff	7800.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM H SEEMANN IV</b>		Date of Receipt
Mailing Address 135 HILLCREST RD		M M / D D / Y Y Y Y 06 / 23 / 2014
City	State	Transaction ID : SA11AI.28196
PASS CHRISTIAN	MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		2600.00
Name of Employer	Occupation	
SEEMANN COMPOSITES	PRESIDENT	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Runoff	6200.00	

Full Name (Last, First, Middle Initial) <b>KELLY S. SEGARS Sr.</b>		Date of Receipt
Mailing Address 1507 W. QUITMAN		M M / D D / Y Y Y Y 06 / 16 / 2014
City	State	Transaction ID : SA11AI.27406
IUKA	MS	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		1000.00
Name of Employer	Occupation	
SELF/1ST AMERICAN NAT'L BANK	PHYSICIAN/BANKER	
Receipt For: 2014	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) Runoff	2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 541	
	<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)  
**MARTHA SEGARS**

Mailing Address 52 CR 150

City State Zip Code  
IUKA MS 38852

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

Name of Employer Occupation  
N/A Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2014

Transaction ID : SA11AI.27252

Amount of Each Receipt this Period  
500.00

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

Mailing Address 955 LAUREL GLEN

City State Zip Code  
PALO ALTO CA 94304

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

Name of Employer Occupation  
ABAXIS CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SA11AI.27186

Amount of Each Receipt this Period  
250.00

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

Mailing Address 110 CLAIBORNE CHASE

City State Zip Code  
RIDGELAND MS 39157-9706

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11AI.26688

Amount of Each Receipt this Period  
1000.00

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

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

1750.00



**SCHEDULE A (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 541	
	<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>JOSEPH H. SHARP</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 394 DAVIS RD.		Transaction ID : SA11AI.27284	
City PETAL	State MS	Zip Code 39465	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) <b>JOSEPH H. SHARP</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 394 DAVIS RD.		Transaction ID : SA11AI.27250	
City PETAL	State MS	Zip Code 39465	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>JONATHAN SHERMAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 7 LAKEVIEW DRIVE		Transaction ID : SA11AI.27177	
City WEST ORANGE	State NJ	Zip Code 07052	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SHERMAN AND GORDON	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 541
	<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>A. PAUL SHEW</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 12673 CREST KNOLLS CT		Transaction ID : SA11AI.26983
City SAN DIEGO	State CA	Zip Code 92130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GENERAL ATOMICS	Occupation DIR OF AFTER MARKET SERVICES	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. R. STRATFORD SHIELDS</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 845 W. BELDEN AVE		Transaction ID : SA11AI.27130
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MORGAN STANLEY	Occupation INVESTMENT BANKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS HUNT SHIPMAN</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2417 BARBOUR ROAD		Transaction ID : SA11AI.26728
City FALLS CHURCH	State VA	Zip Code 22043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer CORNERSTONE GOVT AFFAIRS	Occupation VP	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7450.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 541
	<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>JANICE SHOWS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address 1208 RICE RD		Transaction ID : SA11AI.30441
City MADISON	State MS	Zip Code 39130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ERA REAL ESTATE	Occupation REALTOR	VOTESANE PAC
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>COREY J SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 311 TELLY ROAD		Transaction ID : SA11AI.26920
City PICAYUNE	State MS	Zip Code 39466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer DUNGAN ENGINEERING	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>HARRY L. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 506 E HARDING AVE		Transaction ID : SA11AI.26534
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 CITY OF GREENWOOD	Occupation MAYOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 541
	<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. JAMES E. SMITH</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 5214 FARRINGTON ROAD		Transaction ID : SA11A1.26778
City BETHESDA	State MD	Zip Code 20816
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer THE SMITH-FREE GROUP	Occupation CHAIRMAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES R. SMITH IV</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address BOX 381		Transaction ID : SA11A1.27670
City MERIGOLD	State MS	Zip Code 38759
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer McCARTYS POTTERY	Occupation GEN MGR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. SID SMITH</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 222 SOMERSET DR.		Transaction ID : SA11A1.27809
City HATTIESBURG	State MS	Zip Code 39402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer PIONEER AEROSPACE	Occupation SALES MGR	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 541		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>W. MARION SMITH</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2014		
Mailing Address P.O. BOX 1307			Transaction ID : SA11AI.27456		
City	State	Zip Code	Amount of Each Receipt this Period		
NATCHEZ	MS	39121	1000.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer		Occupation			
TRULY SMITH & LATHAM, PLLC		ATTORNEY			
Receipt For: 2014		Election Cycle-to-Date			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)		2000.00			
<input type="checkbox"/> General <input type="checkbox"/> Runoff					

Full Name (Last, First, Middle Initial) <b>WILLIAM L. SMITH</b>			Date of Receipt MM / DD / YYYY 06 / 12 / 2014		
Mailing Address 1200 MEADOWBROOK UNIT 18			Transaction ID : SA11AI.26665		
City	State	Zip Code	Amount of Each Receipt this Period		
JACKSON	MS	39208	1000.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer		Occupation			
BALCH & BINGHAM		ATTORNEY			
Receipt For: 2014		Election Cycle-to-Date			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)		1000.00			
<input type="checkbox"/> General <input type="checkbox"/> Runoff					

Full Name (Last, First, Middle Initial) <b>JOHN B. SNEED</b>			Date of Receipt MM / DD / YYYY 06 / 20 / 2014		
Mailing Address 141 BAYOU CIRCLE			Transaction ID : SA11AI.28075		
City	State	Zip Code	Amount of Each Receipt this Period		
GULFPORT	MS	39507	2500.00		
FEC ID number of contributing federal political committee.		C			
Name of Employer		Occupation			
STEWART SNEED HEWES		INSURANCE AGENT			
Receipt For: 2014		Election Cycle-to-Date			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify)		5000.00			
<input type="checkbox"/> General <input type="checkbox"/> Runoff					

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 OF 541	
	<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>A. SNOQUALMIE TRIBE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address P.O. BOX 969		Transaction ID : SA11AI.28041
City SNOQUALMIE	State WA	Zip Code 98065
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. MOBASHIR SOLANGI</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 8288 JENNIFER LANE		Transaction ID : SA11AI.28092
City LONG BEACH	State MS	Zip Code 39560
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer MARINE LIFE OCEANARIUM	Occupation PRESIDENT & CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3100.00	

Full Name (Last, First, Middle Initial) <b>C. RICK SPAULDING</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 7546 WILLOW CIRCLE		Transaction ID : SA11AI.28076
City MOBILE	State AL	Zip Code 36695
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer INGALLS SHIPBUILDING	Occupation VP CENTRAL PLANNING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 541	
	<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>HARRY A. SPEAKER III</b>		Date of Receipt MM / DD / YYYY <b>06 / 23 / 2014</b>	
Mailing Address <b>531 MOCKINGBIRD DR</b>		<b>Transaction ID : SA11AI.28187</b>	
City <b>LONG BEACH</b>	State <b>MS</b>	Zip Code <b>39560</b>	Amount of Each Receipt this Period <b>200.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>N/A</b>	Occupation <b>RETIRED</b>	Election Cycle-to-Date <b>450.00</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>			

Full Name (Last, First, Middle Initial) <b>LAWRENCE E. SPIVEY</b>		Date of Receipt MM / DD / YYYY <b>04 / 03 / 2014</b>	
Mailing Address <b>424 ARGYLE DR.</b>		<b>Transaction ID : SA11AI.32632</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22305</b>	Amount of Each Receipt this Period <b>2600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ALPINE GROUP</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)			

See 2nd Quarter report redesignation below  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>LAWRENCE E. SPIVEY</b>		Date of Receipt MM / DD / YYYY <b>06 / 10 / 2014</b>	
Mailing Address <b>424 ARGYLE DR.</b>		<b>Transaction ID : SA11AI.32633</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22305</b>	Amount of Each Receipt this Period <b>-2600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ALPINE GROUP</b>	Occupation <b>VP</b>	Election Cycle-to-Date <b>5200.00</b>	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Redesignated below  
**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 168 OF 541	
	<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)  
**LAWRENCE E. SPIVEY**

Mailing Address **424 ARGYLE DR.**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22305</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>ALPINE GROUP</b>	Occupation <b>VP</b>
---	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**7800.00**

Date of Receipt  
**06 / 10 / 2014**

Transaction ID : **SA11AI.32634**

Amount of Each Receipt this Period  
**2600.00**

Redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JERRY ST. PE'**

Mailing Address **806 POWELLS POINT DR**

City <b>GAUTIER</b>	State <b>MS</b>	Zip Code <b>39553</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**6200.00**

Date of Receipt  
**06 / 20 / 2014**

Transaction ID : **SA11AI.28089**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **712 FIFTH AVE**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10019</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>CVC CAPITAL PARTNERS</b>	Occupation <b>MANAGING PARTNER</b>
---	---------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
**06 / 06 / 2014**

Transaction ID : **SA11AI.27137**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3600.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 541
	<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>PAUL STARENAS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 17050 EDINA CT		Transaction ID : SA11AI.27119
City POWAY	State CA	Zip Code 92064
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 400.00
Name of Employer GENERAL ATOMICS	Occupation DIRECTOR OF OPERATIONS	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>WALT STARR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 770 GREENBRIAR DR		Transaction ID : SA11AI.28140
City COLUMBUS	State MS	Zip Code 39705
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 1000.00
Name of Employer GOLDEN TRIANGLE PERIODONTAL CT	Occupation PERIODONTIST	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JOE STEDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 114 MAIN STREET		Transaction ID : SA11AI.26894
City NATCHEZ	State MS	Zip Code 39120
FEC ID number of contributing federal political committee.	<input type="checkbox"/> C	Amount of Each Receipt this Period 1000.00
Name of Employer Crye-Leike Stedman Realtors	Occupation Realtor	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 541
	<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. GIBB STEELE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 40 RIVERSIDE RD		Transaction ID : SA11AI.27864	
City HOLLANDALE	State MS	Zip Code 38748	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7200.00		

Full Name (Last, First, Middle Initial) <b>B. PAM STEELE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 40 RIVERSIDE RD		Transaction ID : SA11AI.27865	
City HOLLANDALE	State MS	Zip Code 38748	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>C. ABRAHAM J. STERN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address 9049 KARLOV AVE		Transaction ID : SA11AI.28131	
City SKOKIE	State IL	Zip Code 60076	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer MUCH SHELIST	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 541
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a

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

Full Name (Last, First, Middle Initial) <b>DICK STEVENS</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 126 SOUTH BELZONI ST		Transaction ID : SA11AI.26510	
City ISOLA	State MS	Zip Code 38754	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer STEVENS FARM SHOP	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>TOM STIEHLE</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 581 NIGHTINGALE DRIVE		Transaction ID : SA11AI.28191	
City INDIALANTIC	State FL	Zip Code 32903	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer INGALLS SHIPBUILDING	Occupation VP BUS MGMT AND CFO		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1100.00		

Full Name (Last, First, Middle Initial) <b>BEN H. STONE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014	
Mailing Address P.O. BOX 130		Transaction ID : SA11AI.28099	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer BALCH & BINGHAM LLP	Occupation ATTORNEY AT LAW		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 OF 541	
	<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>KEVIN STUMP</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 312 LONDON COVE		Transaction ID : SA11AI.27315	
City BRANDON	State MS	Zip Code 39047	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MORA	Occupation CEO		Amount of Each Receipt this Period 300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>WILLIAM B. SULLIVAN</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 4 RANSOM HOLLOW		Transaction ID : SA11AI.27921	
City HATTIESBURG	State MS	Zip Code 39402	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ASTHMA & ALLERGY CLINIC	Occupation PHYSICIAN		Amount of Each Receipt this Period 2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>FLOYD SULSER, JR.</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 105 BRIDGEVIEW CIR		Transaction ID : SA11AI.27455	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SOUTHERN LUMBER CO	Occupation CHAIRMAN OF THE BOARD		Amount of Each Receipt this Period 1250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1250.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 OF 541
	(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>CHRISTY SUNDBECK</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address PO BOX 1217		Transaction ID : SA11AI.27911
City WEST POINT	State MS	Zip Code 39773
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>MILTON SUNDBECK</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 1217		Transaction ID : SA11AI.27524
City WEST POINT	State MS	Zip Code 39773
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1692.81	
Name of Employer SOUTHERN IONICS	Occupation PRES/CEO	In-kind - Host Fundraiser
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1692.81	

Full Name (Last, First, Middle Initial) <b>MILTON SUNDBECK</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 1217		Transaction ID : SA11AI.27908
City WEST POINT	State MS	Zip Code 39773
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 907.19	
Name of Employer SOUTHERN IONICS	Occupation PRES/CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 541
	<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>DIANE SWANSON</b>		Date of Receipt 06 / 13 / 2014
Mailing Address 105 GLENWOOD BEND		Transaction ID : SA11AI.26752
City MADISON	State MS	Zip Code 39110
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>G.S. JERRY SWANSON</b>		Date of Receipt 06 / 13 / 2014
Mailing Address PO BOX 6038		Transaction ID : SA11AI.26755
City JACKSON	State MS	Zip Code 39288
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer G & S HOLDINGS	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>G.S. SCOTT SWANSON JR.</b>		Date of Receipt 06 / 13 / 2014
Mailing Address PO BOX 54325		Transaction ID : SA11AI.26756
City JACKSON	State MS	Zip Code 39288
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer G & S HOLDINGS	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

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

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

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

FOR LINE NUMBER: PAGE 175 OF 541  
(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)  
**PAM SWANSON**

Mailing Address **150 WHIPPOORWILL LN**

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

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date **2500.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.26751**

Amount of Each Receipt this Period **2500.00**

**B.** 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)    Runoff

Election Cycle-to-Date **2750.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.26731**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **1210 BEACH BLVD**

City **BILOXI** State **MS** Zip Code **39533**

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

Name of Employer **THE PEOPLES BANK** Occupation **BANKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date **2000.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.26906**

Amount of Each Receipt this Period **2000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **5500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 541
	<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>THOMAS W. TARDY, III</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 114 WOODLAND CIR		Transaction ID : SA11AI.27810	
City JACKSON	State MS	Zip Code 39216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer FORMAN PERRY	Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>BETILOU TAYLOR</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 528 6TH ST SE		Transaction ID : SA11AI.27765	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer TAYLOR STRATEGIES	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MICHAEL L TELSON</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 4200 MASSACHUSETTS AVE NW APT 715		Transaction ID : SA11AI.26666	
City WASHINGTON	State DC	Zip Code 20016-4734	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer GENERAL ATOMICS	Occupation VP		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 541
	<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)  
**DENNY TERRELL**

Mailing Address 109 FAIRWAY LANE

City KOSCIUSKO State MS Zip Code 39090

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

Name of Employer IVEY MECHANICAL CO. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

Transaction ID : SA11AI.27829

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**J.H. THAMES Jr.**

Mailing Address 2734 QUAIL RUN

City JACKSON State MS Zip Code 39211

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

Name of Employer PARK DEVELOPMENT Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **7800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

Transaction ID : SA11AI.26556

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address 37 BOCAGE ROAD

City HATTIESBURG State MS Zip Code 39402

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

Name of Employer UNIV OF SOUTHERN MISSISSIPPI Occupation DISTINGUISHED UNIVERSITY RESEARCH P

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

Transaction ID : SA11AI.26578

Amount of Each Receipt this Period  
**2600.00**

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

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

**5450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 541
	<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. Mrs. SHIRLEY THAMES</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 37 BOCAGE RD		Transaction ID : SA11AI.26588
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 RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>B. ANITA THOMAS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 3053 ANDREWS DRIVE NW		Transaction ID : SA11AI.26777
City ATLANTA	State GA	Zip Code 30305
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLIE THOMAS III</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 98		Transaction ID : SA11AI.27180
City SHUQUALAK	State MS	Zip Code 39361
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SHUQUALAK LUMBER	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 541
	<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>JILL THOMAS</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1516 S. BOSTON AVE STE 301		Transaction ID : SA11AI.27005
City TULSA	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer RETIRED	Occupation RETIRED	Transaction ID : SA11AI.27005
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>MICHAEL R THOMAS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 3053 ANDREWS DRIVE NW		Transaction ID : SA11AI.26776
City ATLANTA	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer MCDONALD USAF GROUP LLC	Occupation CHAIRMAN	Transaction ID : SA11AI.26776
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>ROBERT THOMAS</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1516 S. BOSTON AVE STE 301		Transaction ID : SA11AI.27004
City TULSA	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer SENIOR STAR	Occupation OWNER	Transaction ID : SA11AI.27004
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5200.00	

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

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

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

FOR LINE NUMBER: PAGE 180 OF 541  
(check only one)

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

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)  
**J.F. THOMPSON Jr.**

Mailing Address **P.O. BOX 5613**

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>INSURANCE SOLUTION</b>	Occupation <b>OWNER/PARTNER</b>
---	------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date <b>2250.00</b>
--

Date of Receipt  

MM	DD	YYYY
06	19	2014

Transaction ID : **SA11AI.27914**

Amount of Each Receipt this Period  

<b>2000.00</b>
----------------

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

Mailing Address **6 PROVENCE BLVD.**

City <b>MADISON</b>	State <b>MS</b>	Zip Code <b>39110</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>CLINIC OF PLASTIC SURGERY</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date <b>1100.00</b>
--

Date of Receipt  

MM	DD	YYYY
06	24	2014

Transaction ID : **SA11AI.27990**

Amount of Each Receipt this Period  

<b>600.00</b>
---------------

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

Mailing Address **8 AUDUBON POINTE**

City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39507</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>MISSISSIPPI POWER CO.</b>	Occupation <b>VP LEGISLATIVE AFFAIRS</b>
--	---

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date <b>2000.00</b>
--

Date of Receipt  

MM	DD	YYYY
06	20	2014

Transaction ID : **SA11AI.28096**

Amount of Each Receipt this Period  

<b>500.00</b>
---------------

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

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 541
	<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>TODD THREADGILL</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1304 GARDENIA COVE		Transaction ID : SA11AI.27887
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer GASTROENTEROLOGY ASSOCIATES	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM J. THREADGILL</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1407 BRIARWOOD CIRCLE		Transaction ID : SA11AI.28184
City COLUMBUS	State MS	Zip Code 39705
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>WHEELER TIMBS III</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address 6 NORTH PECAN DRIVE		Transaction ID : SA11AI.27991
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer INDIANOLA PECAN HOUSE	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 541
	<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>AMANDA TOLLISON</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 114 PINECREST DRIVE		Transaction ID : SA11AI.27129
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BUTLER SNOW	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>AMANDA TOLLISON</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 114 PINECREST DRIVE		Transaction ID : SA11AI.27305
City OXFORD	State MS	Zip Code 38655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer BUTLER SNOW	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>ELENA TOMPKINS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 3042 DENT PL NW		Transaction ID : SA11AI.26667
City WASHINGTON	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer TOMPKINS STRATEGIES	Occupation GOVT RELATIONS CONSULTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	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).....	

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

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

FOR LINE NUMBER: PAGE 183 OF 541  
(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)  
**FRANK WILLIAMS TRAPP**

Mailing Address 4154 OAKRIDGE DR

City JACKSON State MS Zip Code 39216

FEC ID number of contributing federal political committee. C

Name of Employer PHELPS DUNBAR Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 500.00

Date of Receipt 06 / 18 / 2014  
Transaction ID : SA11AI.27828

Amount of Each Receipt this Period 250.00

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

Mailing Address 9265 INGLESIDE FARMS SOUTH

City GERMANTOWN State TN Zip Code 38139

FEC ID number of contributing federal political committee. C

Name of Employer TREZEVANT REALTY CO. Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 1000.00

Date of Receipt 06 / 11 / 2014  
Transaction ID : SA11AI.27318

Amount of Each Receipt this Period 1000.00

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

Mailing Address 124 ONE MADISON PLAZA  
STE 1500

City MADISON State MS Zip Code 39110

FEC ID number of contributing federal political committee. C

Name of Employer PARK DEVELOPMENT Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 5200.00

Date of Receipt 06 / 11 / 2014  
Transaction ID : SA11AI.26577

Amount of Each Receipt this Period 2600.00

**SUBTOTAL** of Receipts This Page (optional)..... 3850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 541
	<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)  
**STEVEN L TRULASKE SR.**

Mailing Address **7700 FORSYTH BLVD**  
**SUITE 1220**

City **ST. LOUIS** State **MO** Zip Code **63105**

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

Name of Employer **TRUE MFG CO** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

Transaction ID : **SA11AI.26455**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **2 EASTMONT PLACE**

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

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

Name of Employer **WATKINS & EAGER** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11AI.27310**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **800 A STREET, SE**

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

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

Name of Employer **ENERGY** Occupation **UTILITY EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 13 / 2014**

Transaction ID : **SA11AI.27181**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2250.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 OF 541	
	<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>MICHAEL ULMER</b>			Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 445 HIGHLAND MEADOW RD			Transaction ID : SA11AI.26816	
City FLORA	State MS	Zip Code 39071	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 750.00	
Name of Employer WATKINS & EAGER		Occupation ATTORNEY	Amount of Each Receipt this Period 250.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 750.00	Amount of Each Receipt this Period 250.00	

Full Name (Last, First, Middle Initial) <b>MICHAEL UPCHURCH</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2014	
Mailing Address P.O. BOX 8106			Transaction ID : SA11AI.27425	
City GREENWOOD	State MS	Zip Code 38935	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00	
Name of Employer UPCHURCH PLUMBING INC.		Occupation CONTRACTOR	Amount of Each Receipt this Period 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2000.00	Amount of Each Receipt this Period 1000.00	

Full Name (Last, First, Middle Initial) <b>STUART P. VANCE</b>			Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address P.O. BOX 733			Transaction ID : SA11AI.26875	
City STARKVILLE	State MS	Zip Code 39760	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 450.00	
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period 250.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 450.00	Amount of Each Receipt this Period 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 OF 541	
	<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>MOLLIE M VAN DEVENDER</b>			Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 2135 EASTOVER DRIVE			Transaction ID : SA11AI.26572	
City JACKSON	State MS	Zip Code 39211	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Name of Employer N/A		
Occupation HOMEMAKER		Election Cycle-to-Date 2500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				

Full Name (Last, First, Middle Initial) <b>WILLIAM J. VAN DEVENDER</b>			Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address P.O. BOX 5327			Transaction ID : SA11AI.26575	
City JACKSON	State MS	Zip Code 39296	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C		Name of Employer SOUTHERN TIMBER VENTURE, LLC		
Occupation PRESIDENT		Election Cycle-to-Date 7800.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				

Full Name (Last, First, Middle Initial) <b>LARRY T VANHOOSE</b>			Date of Receipt MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 606 KINGS CLOISTER CIRCLE			Transaction ID : SA11AI.27171	
City ALEXANDRIA	State VA	Zip Code 22302	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer COBANK		
Occupation SR VICE PRESIDENT		Election Cycle-to-Date 500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff				

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: (check only one)	PAGE 187 OF 541
<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)  
**RICHARD VanVALKENBURGH**

Mailing Address **511 ADAMS ST**

City <b>HUNTSVILLE</b>	State <b>AL</b>	Zip Code <b>35801</b>
---------------------------	--------------------	--------------------------

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

Name of Employer <b>VAN VALKENBURGH &amp; WILKINSON</b>	Occupation <b>REALTOR</b>
--	------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 17 / 2014**

Transaction ID : **SA11A1.30443**

Amount of Each Receipt this Period  
**500.00**

**VOTESANE PAC**

**[MEMO ITEM]**

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

Mailing Address **4916 15TH PL**

City <b>MERIDIAN</b>	State <b>MS</b>	Zip Code <b>39305</b>
-------------------------	--------------------	--------------------------

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 17 / 2014**

Transaction ID : **SA11A1.27515**

Amount of Each Receipt this Period  
**1500.00**

**In-kind - Advertising**

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

Mailing Address **4916 15TH PL**

City <b>MERIDIAN</b>	State <b>MS</b>	Zip Code <b>39305</b>
-------------------------	--------------------	--------------------------

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

Name of Employer <b>NEW SOUTH FORD NISSAN</b>	Occupation <b>CAR DEALER</b>
--	---------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 17 / 2014**

Transaction ID : **SA11A1.27516**

Amount of Each Receipt this Period  
**1500.00**

**In-kind - Advertising**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 541
	<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>ERIC VAUTOUR</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2014
Mailing Address <b>801 NORTH HOWARD STREET #449</b>		Transaction ID : <b>SA11AI.27283</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22304</b>		Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>RUSSELL REYNOLDS ASSOCIATES</b>	Occupation <b>EXECUTIVE RECRUITER</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>DAVID VEAL</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address <b>2629 PARK VIEW DR.</b>		Transaction ID : <b>SA11AI.27893</b>
City <b>BILOXI</b>	State <b>MS</b>	
Zip Code <b>39531</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>AMERICAN SHRIMP PROCESSORS</b>	Occupation <b>EXECUTIVE DIRECTOR</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>JAMES A. VENTRESS</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address <b>P.O. BOX 23</b>		Transaction ID : <b>SA11AI.27899</b>
City <b>WOODVILLE</b>	State <b>MS</b>	
Zip Code <b>39669</b>		Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>LA GRANGE PLANTATION</b>	Occupation <b>FARMER</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2500.00</b>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 541	
	<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>LEE VOULTERS</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 927 E. SCENIC DR		Transaction ID : SA11AI.27897	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation NEUROLOGIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>MALCOLM S. WADE Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 209 RIDGEWOOD AVE		Transaction ID : SA11AI.27973	
City CLEWISTON	State FL	Zip Code 33440	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer U.S. SUGAR CORP	Occupation SR VP SUGAR OPERATIONS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>JOE A. WAGGONER</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 100 CHERRY LAUREL LN		Transaction ID : SA11AI.27979	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer WAGGONER ENGINEERING, INC	Occupation PRESIDENT/CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6700.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 541
	<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>JOHN WAITS</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 6609 PERSIMMON TREE RD		Transaction ID : SA11AI.26952
City CABIN JOHN	State MD	Zip Code 20818
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer WINSTON & STRAWN	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>MITCHELL WALDMAN</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 7414 DOROTHY COURT		Transaction ID : SA11AI.27313
City SPRINGFIELD	State VA	Zip Code 22153
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer HUNTINGTON INGALLS INDUSTRIES	Occupation CORP VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4100.00	

Full Name (Last, First, Middle Initial) <b>CHARLES WALKER</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 300 7TH STREET		Transaction ID : SA11AI.27863
City MARKS	State MS	Zip Code 38646
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer WALKER FARMS	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1250.00	

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**F.B. WALKER IV**

Mailing Address 100 45TH ST

City State Zip Code  
GULFPORT MS 39507

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

Name of Employer Occupation  
CITY OF GULFPORT CITY COUNCILMAN

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11AI.28086

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 310 SW DEER CREEK DR

City State Zip Code  
LELAND MS 38756

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

Name of Employer Occupation  
MARTIN WALKER FARMS FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
700.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : SA11AI.27870

Amount of Each Receipt this Period  
200.00

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

Mailing Address 6017 ANGLER DRIVE

City State Zip Code  
PICAYUNE MS 39466

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

Name of Employer Occupation  
DUNGAN ENGINEERING PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2600.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SA11AI.26919

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional)..... 3800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 541
	<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. DON WALLER</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014
Mailing Address 136 COUNTY ROAD 313		Transaction ID : SA11AI.26582
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 SELF	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. JEFFERY WALTER</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014
Mailing Address 2001 SUMMIT TERRACE		Transaction ID : SA11AI.27677
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 CAPITOL COUNSEL	Occupation CONSULTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. W.L. WALTERS</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 896		Transaction ID : SA11AI.27915
City CLARKSDALE	State MS	Zip Code 38614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation CPA	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 750.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 193 OF 541	
	<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>WADE WALTERS</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014		
Mailing Address 104 BOCAGE CT		<b>Transaction ID : SA11AI.27312</b>		
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39402</b>	Amount of Each Receipt this Period <b>2600.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>SELF</b>	Occupation <b>HEALTHCARE MGMT</b>			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2600.00</b>			

Full Name (Last, First, Middle Initial) <b>NANCY WANSLEY</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014		
Mailing Address 120 BROOKWOOD DR		<b>Transaction ID : SA11AI.26453</b>		
City <b>VICKSBURG</b>	State <b>MS</b>	Zip Code <b>39183</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>MAY &amp; COMPANY</b>	Occupation <b>BOOKKEEPER</b>			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>1000.00</b>			

Full Name (Last, First, Middle Initial) <b>SHONDA WARNER</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014		
Mailing Address 145 DELTA AVENUE		<b>Transaction ID : SA11AI.27451</b>		
City <b>CLARKSDALE</b>	State <b>MS</b>	Zip Code <b>38614</b>	Amount of Each Receipt this Period <b>2600.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>CHESS AG FULL HARVEST PARTNERS</b>	Occupation <b>MANAGING PARTNER</b>			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2600.00</b>			

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

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

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

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(check only one)  
 11a     11b     11c     11d  
 12    13a    13b    14    15

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

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

**A.** Mailing Address **POST OFFICE BOX 60**

City State Zip Code  
**AMORY MS 38821**

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

Name of Employer Occupation  
**THE WAX COMPANY, LLC PRESIDENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff  
 Election Cycle-to-Date **7800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**06 / 11 / 2014**

Transaction ID : **SA11AI.27347**

Amount of Each Receipt this Period  
**2600.00**

Full Name (Last, First, Middle Initial)  
**ROBERT H WEAVER**

**B.** Mailing Address **1509 DOUGLAS DR**

City State Zip Code  
**JACKSON MS 39211**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**06 / 18 / 2014**

Transaction ID : **SA11AI.27822**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**KATRINA WEHR**

**C.** Mailing Address **1511 S. WHIPOORWILL WAY**

City State Zip Code  
**BOISE ID 83709**

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

Name of Employer Occupation  
**SILVERCREEK REALTY GROUP REALTOR**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**06 / 23 / 2014**

Transaction ID : **SA11AI.30435**

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).....

**3100.00**

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

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

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(check only one)  
 11a 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)  
**JAY WEINER**

A. Mailing Address **P.O. BOX 937**

City State Zip Code  
**JACKSON MS 39205**

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

Name of Employer Occupation  
**SELF ATTORNEY**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff  
 Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

Transaction ID : **SA11AI.28177**

Amount of Each Receipt this Period  
**600.00**

Full Name (Last, First, Middle Initial)  
**WESLEY R. WELCH**

B. Mailing Address **2467 WILDWOOD DRIVE**

City State Zip Code  
**MONTGOMERY AL 36111**

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

Name of Employer Occupation  
**FORBES-TATE CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff  
 Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

Transaction ID : **SA11AI.27247**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**ERSKINE WELLS**

C. Mailing Address **8229 STACEY ROAD**

City State Zip Code  
**ALEXANDRIA VA 22308**

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

Name of Employer Occupation  
**BGR GROUP CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff  
 Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

Transaction ID : **SA11AI.27251**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2600.00**

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

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

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(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**WILMER H. WHITTLE**

Mailing Address **608 S MAIN ST**

City **NEWTON** State **MS** Zip Code **39345**

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

Name of Employer **NEWTON COUNTY BANK** Occupation **BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **750.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11A1.26812**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **537 ROBINSON DRIVE**

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

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

Name of Employer **GRANDE DESIGN** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt **06 / 11 / 2014**  
Transaction ID : **SA11A1.26504**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **401 EAST ST NE**

City **VIENNA** State **VA** Zip Code **22180**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **250.00**

Date of Receipt **06 / 10 / 2014**  
Transaction ID : **SA11A1.27256**

Amount of Each Receipt this Period **250.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 541
	<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)  
**ANN WILSON**

Mailing Address **914 S. LAMAR**

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>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date <b>5100.00</b>
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Date of Receipt  

MM <b>06</b>	DD <b>18</b>	YYYY <b>2014</b>
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Transaction ID : **SA11AI.27869**

Amount of Each Receipt this Period  

<b>2600.00</b>
----------------

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

Mailing Address **P.O. BOX 2700**

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>WILSON LAW OFFICE</b>	Occupation <b>ATTORNEY</b>
--	-------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date <b>5100.00</b>
--

Date of Receipt  

MM <b>06</b>	DD <b>13</b>	YYYY <b>2014</b>
-----------------	-----------------	---------------------

Transaction ID : **SA11AI.26772**

Amount of Each Receipt this Period  

<b>2600.00</b>
----------------

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

Mailing Address **914 W 15TH ST**

City <b>LAUREL</b>	State <b>MS</b>	Zip Code <b>39440</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>FIRST CHOICE PLLC</b>	Occupation <b>REALTOR</b>
--	------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date <b>500.00</b>
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Date of Receipt  

MM <b>06</b>	DD <b>30</b>	YYYY <b>2014</b>
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Transaction ID : **SA11AI.30409**

Amount of Each Receipt this Period  

<b>500.00</b>
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**VOTESANE PAC**

**[MEMO ITEM]**

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

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

<b>5200.00</b>
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 198 OF 541  
(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)  
**RICHARD B WILSON Jr.**

Mailing Address **1200 MEADOWBROOK ROAD  
NO. 39**

City **JACKSON** State **MS** Zip Code **39206**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2000.00**

Date of Receipt **06 / 11 / 2014**  
Transaction ID : **SA11AI.27340**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **35 LITTLE RIVER LANE**

City **FREEMPORT** State **ME** Zip Code **04032**

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

Name of Employer **THE WISHCAMPER COMPANIES** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt **06 / 17 / 2014**  
Transaction ID : **SA11AI.26984**

Amount of Each Receipt this Period **1000.00**

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

Mailing Address **4351 ALDER DRIVE**

City **SAN DIEGO** State **CA** Zip Code **92116**

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

Name of Employer **GENERAL ATOMICS** Occupation **DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt **06 / 14 / 2014**  
Transaction ID : **SA11AI.27118**

Amount of Each Receipt this Period **2600.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 541
	<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>WENDY L WOMBLE</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 16787 PERDIDO KEY DR #701-D		Transaction ID : SA11A1.26468
City PENSACOLA	State FL	Zip Code 32507
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>RILEY WOODHAM</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 11 51ST ST		Transaction ID : SA11A1.28166
City GULFPORT	State MS	Zip Code 39507
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SEEMANN COMPOSITES, INC.	Occupation VP - ENGINEERING	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>LARRY WOODRUFF</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1502 HWY 82 E		Transaction ID : SA11A1.26695
City INDIANOLA	State MS	Zip Code 38751
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00	
Name of Employer SELF EMPLOYED	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 541
	<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>STEPHEN A. WORREL</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2014
Mailing Address 915 ADELIN ST		Transaction ID : SA11AI.26774
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 MEDICAL PARK MGMT	Occupation TREASURER/CFO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>BENJAMIN YARBROUGH</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 108 DUSTER DR		Transaction ID : SA11AI.26758
City NATCHEZ	State MS	Zip Code 39120
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer FRANKLIN COUNTY HOSPITAL	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>DOUGLAS YELVERTON</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 6636 GILMER WILBURN RD		Transaction ID : SA11AI.26459
City COLUMBUS	State MS	Zip Code 39701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer SELF	Occupation LIVESTOCK BROKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 OF 541	
	<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>MATTHEW ZELL</b>		Date of Receipt MM / DD / YYYY <b>06 / 20 / 2014</b>	
Mailing Address <b>2 N. RIVERSIDE</b> <b>APT. 600</b>		<b>Transaction ID : SA11AI.28135</b>	
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60606</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer <b>EQUITY GROUP INVESTMENTS</b>	Occupation <b>MANAGING DIRECTOR</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>1000.00</b>		

Full Name (Last, First, Middle Initial) <b>ROBERT ZIFF</b>		Date of Receipt MM / DD / YYYY <b>06 / 18 / 2014</b>	
Mailing Address <b>350 PARK AVE</b>		<b>Transaction ID : SA11AI.27793</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10022</b>	Amount of Each Receipt this Period <b>2600.00</b>
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer <b>ZIFF BROTHERS</b>	Occupation <b>INVESTOR</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2600.00</b>		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>	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).....	<b>3600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>701428.98</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 541
	<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. **C** C00361956

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 10000.00

Date of Receipt: 06 / 06 / 2014  
Transaction ID : SA11C.26408

Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE**

Mailing Address 1120 CONNECTICUT AVE. NW SUITE 480

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 2000.00

Date of Receipt: 06 / 17 / 2014  
Transaction ID : SA11C.27776

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE**

Mailing Address 1120 CONNECTICUT AVE. NW SUITE 480

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 6000.00

Date of Receipt: 06 / 30 / 2014  
Transaction ID : SA11C.30389

Amount of Each Receipt this Period: 4000.00

**SUBTOTAL** of Receipts This Page (optional)..... 10000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 541
	<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>ACCENTURE INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 800 Connecticut Avenue NW Suite 600		<b>Transaction ID : SA11C.28064</b>	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		C00300707	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 8500.00	

Full Name (Last, First, Middle Initial) <b>A DUDA &amp; SONS, INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 1200 DUDA TRAIL PO BOX 620257		<b>Transaction ID : SA11C.28062</b>	
City OVIEDO	State FL	Zip Code 32762	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		C00213231	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>AEROJET &amp; GENCORP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014	
Mailing Address P.O. BOX 13222		<b>Transaction ID : SA11C.28147</b>	
City SACRAMENTO	State CA	Zip Code 95813	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee.		C00129122	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 9500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 541
	<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) AEROSPACE INDUSTRIES ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE (AIAPAC)		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1000 WILSON BOULEVARD SUITE 1700		Transaction ID : SA11C.26631
City ARLINGTON	State VA	Zip Code 22209
FEC ID number of contributing federal political committee.	C C00464453	Amount of Each Receipt this Period 2400.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3400.00	

Full Name (Last, First, Middle Initial) AEROSPACE INDUSTRIES ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE (AIAPAC)		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1000 WILSON BOULEVARD SUITE 1700		Transaction ID : SA11C.26632
City ARLINGTON	State VA	Zip Code 22209
FEC ID number of contributing federal political committee.	C C00464453	Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1932 WYNNTON ROAD		Transaction ID : SA11C.26614
City COLUMBUS	State GA	Zip Code 31999
FEC ID number of contributing federal political committee.	C C00034157	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 205 OF 541  
(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)  
**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) **Runoff**

Election Cycle-to-Date  
**8500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

Transaction ID : **SA11C.27753**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address **1625 Massachusetts Ave. NW**  
**8th Floor**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C** **C00035451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

Transaction ID : **SA11C.27970**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE**

Mailing Address **1301 PENNSYLVANIA AVENUE NW**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C** **C00114694**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

Transaction ID : **SA11C.27762**

Amount of Each Receipt this Period  
**2000.00**

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

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

**12000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 541			
	<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>ALAMO PAC</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 919 CONGRESS AVE SUITE 1400 FROST BANK PLAZA		Transaction ID : SA11C.26637
City AUSTIN	State TX	Zip Code 78701
FEC ID number of contributing federal political committee. C00387464	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) <b>ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 600 SECOND ST. NE		Transaction ID : SA11C.26691
City HOPKINS	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C00250209	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 12000.00	

Full Name (Last, First, Middle Initial) <b>ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 120 Park Avenue		Transaction ID : SA11C.28019
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C00089136	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 541
	<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>AMERICA'S CONSERVATION PAC</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 700 13TH STREET NW SUITE 600		Transaction ID : SA11C.26615
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C00553230	Amount of Each Receipt this Period 2600.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7800.00	

Full Name (Last, First, Middle Initial) <b>AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address 1445 NEW YORK AVENUE NW STE 800		Transaction ID : SA11C.28010
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C00359539	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) <b>AMERICAN ACADEMY OF PEDIATRIC DENTISTRY POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 211 EAST CHICAGO AVENUE SUITE 700		Transaction ID : SA11C.26470
City CHICAGO	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C00365965	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 208 OF 541  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)

A. Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800

City	State	Zip Code
WASHINGTON	DC	20001

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014  
Transaction ID : SA11C.26636

FEC ID number of contributing federal political committee. **C** C00172833

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
15000.00

Amount of Each Receipt this Period  
5000.00

B. Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 South Prospect Ave  
c/o Finance Department

City	State	Zip Code
Park Ridge	IL	60068

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014  
Transaction ID : SA11C.27752

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
14000.00

Amount of Each Receipt this Period  
5000.00

C. Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION BANKPAC

Mailing Address 1120 CONN. AVE., NW SUITE 851

City	State	Zip Code
WASHINGTON	DC	20036

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014  
Transaction ID : SA11C.28068

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
10000.00

Amount of Each Receipt this Period  
5000.00

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

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

15000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 541
	<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>AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1015 15TH STREET, NW #802		Transaction ID : SA11C.27906
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C00010868	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 8000.00	

Full Name (Last, First, Middle Initial) <b>AMERICAN COUNCIL OF LIFE INSURERS</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2014
Mailing Address 1001 PENNSYLVANIA AVE NW		Transaction ID : SA11C.27959
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C00147066	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 101 NORTH THIRD STREET		Transaction ID : SA11C.26410
City MOORHEAD	State MN	Zip Code 56560
FEC ID number of contributing federal political committee. C00110338	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

Full Name (Last, First, Middle Initial)  
AMERICAN FOREST & PAPER ASSOC PAC (AF&PAPAC) FKA FOREST INDUSTRIES PAC (FIPAC)

Mailing Address 1111 19TH STREET NW SUITE 800

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
 Election Cycle-to-Date 12500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014  
 Transaction ID : SA11C.27751

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)

Mailing Address 1201 L STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
 Election Cycle-to-Date 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014  
 Transaction ID : SA11C.26658

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)

Mailing Address 325 SEVENTH STREET NW SUITE 700

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
 Election Cycle-to-Date 11500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014  
 Transaction ID : SA11C.26635

Amount of Each Receipt this Period  
 5000.00

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 541			
	<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 INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS EFFECTIVE LEGISLATION COMMITTEE (AICPA)

**A.** 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) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date **10000.00**

Date of Receipt **06 / 17 / 2014**  
Transaction ID : **SA11C.27775**

Amount of Each Receipt this Period **5000.00**

Full Name (Last, First, Middle Initial)  
AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC

**B.** Mailing Address **1219 28TH STREET NW**

City **WASHINGTON** State **DC** Zip Code **20007**

FEC ID number of contributing federal political committee. **C00118208**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date **2000.00**

Date of Receipt **06 / 17 / 2014**  
Transaction ID : **SA11C.27784**

Amount of Each Receipt this Period **2000.00**

Full Name (Last, First, Middle Initial)  
AMERICAN SOYBEAN ASSOCIATION PAC (SOYPAC)

**C.** Mailing Address **12125 WOODCREST EXECUTIVE DRIVE**  
SUITE 100

City **ST LOUIS** State **MO** Zip Code **63141**

FEC ID number of contributing federal political committee. **C00408468**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date **8000.00**

Date of Receipt **06 / 17 / 2014**  
Transaction ID : **SA11C.27750**

Amount of Each Receipt this Period **2000.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **9000.00**

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

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

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

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 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN STAFFING ASSOCIATION STAFFINGPAC**

Mailing Address 277 S. WASHINGTON ST., SUITE 200

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00145623

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : SA11C.26976

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (AVMAPAC)**

Mailing Address 1101 VERMONT AVENUE, NW  
SUITE 710

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
15000.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SA11C.28017

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMGEN INC POLITICAL ACTION COMMITTEE**

Mailing Address 1300 EYE STREET NW SUITE 470 EAST

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
12500.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27749

Amount of Each Receipt this Period  
5000.00

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

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

15000.00

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

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

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(check only one)

<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)  
**ARIZONA COTTON GROWERS ASSN POLITICAL ACTION COMMITTEE**

Mailing Address **4139 EAST BROADWAY**

City	State	Zip Code
PHOENIX	AZ	85040

FEC ID number of contributing federal political committee. **C00033795**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date <b>500.00</b>
--	---

Date of Receipt  
**06 / 24 / 2014**  
Transaction ID : **SA11C.28008**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**ARKANSAS RICE PRODUCERS GROUP INC PAC - AKA ARKANSAS RICE PAC**

Mailing Address **PO BOX 23915**

City	State	Zip Code
LITTLE ROCK	AR	72221

FEC ID number of contributing federal political committee. **C00525691**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date <b>1000.00</b>
--	--

Date of Receipt  
**06 / 20 / 2014**  
Transaction ID : **SA11C.28149**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**ARPAC**

Mailing Address **451 FLORIDA STREET**  
**BANK ONE CENTRE N TOWER 19TH FLOOR**

City	State	Zip Code
BATON ROUGE	LA	70801

FEC ID number of contributing federal political committee. **C00226472**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date <b>2500.00</b>
--	--

Date of Receipt  
**06 / 16 / 2014**  
Transaction ID : **SA11C.27484**

Amount of Each Receipt this Period  
**1500.00**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 541			
	<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. ASSOCIATED BUILDERS & CONTRACTORS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1300 NORTH 17TH STREET

City	State	Zip Code
ROSSLYN	VA	22209

FEC ID number of contributing federal political committee. **C** C70003355

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SA11C.30390

Amount of Each Receipt this Period  
5000.00

**B. ASTELLAS US LLC PAC (ASTELLAS PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 ASTELLAS WAY

City	State	Zip Code
NORTHBROOK	IL	60062

FEC ID number of contributing federal political committee. **C** C00444885

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
3000.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2014

Transaction ID : SA11C.26394

Amount of Each Receipt this Period  
1500.00

**C. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 208 S. AKARD STREET  
SUITE 2701

City	State	Zip Code
DALLAS	TX	75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
6500.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27748

Amount of Each Receipt this Period  
2500.00

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

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

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 541			
	<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)  
**ATMOSENERGYCORPORATIONPAC**

Mailing Address 5430 LBJ Freeway  
Suite 160

City Dallas State TX Zip Code 75240

FEC ID number of contributing federal political committee. **C** C00381954

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5500.00

Date of Receipt  
06 / 23 / 2014

Transaction ID : SA11C.28151

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**

Mailing Address 1625 Prince Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt  
06 / 12 / 2014

Transaction ID : SA11C.26616

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE**

Mailing Address 2016 MT ATHOS ROAD

City LYNCHBURG State VA Zip Code 24504

FEC ID number of contributing federal political committee. **C** C00063461

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt  
06 / 13 / 2014

Transaction ID : SA11C.26951

Amount of Each Receipt this Period  
5000.00

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

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 541			
	<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)  
BAE SYS NORTH AMER INC PAC (BAE SYS USA PAC) FKA MARCONI N-AMER INC PAC (MARCONI USA PAC)

**A.** Mailing Address 1215 JEFFERSON DAVIS HWY STE 1500

City	State	Zip Code
ARLINGTON	VA	22202

Date of Receipt: 06 / 13 / 2014  
Transaction ID : SA11C.26950

FEC ID number of contributing federal political committee: C00281212

Amount of Each Receipt this Period: 5000.00

Name of Employer	Occupation

Receipt For: 2014  
 Primary    General  
 Other (specify)   Runoff

Election Cycle-to-Date: 12500.00

Full Name (Last, First, Middle Initial)  
BAKER DONELSON, BEARMAN, CALDWELL AND BENKOWITZ PC PAC (BAKER DONELSON PAC)

**B.** Mailing Address Lincoln Square  
555 Eleventh Street NW Sixth Floor

City	State	Zip Code
Washington	DC	20004

Date of Receipt: 06 / 16 / 2014  
Transaction ID : SA11C.27485

FEC ID number of contributing federal political committee: C00431072

Amount of Each Receipt this Period: 5000.00

Name of Employer	Occupation

Receipt For: 2014  
 Primary    General  
 Other (specify)   Runoff

Election Cycle-to-Date: 15000.00

Full Name (Last, First, Middle Initial)  
**BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE**

**C.** Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR

City	State	Zip Code
WASHINGTON	DC	20004

Date of Receipt: 06 / 17 / 2014  
Transaction ID : SA11C.27778

FEC ID number of contributing federal political committee: C00358440

Amount of Each Receipt this Period: 5000.00

Name of Employer	Occupation

Receipt For: 2014  
 Primary    General  
 Other (specify)   Runoff

Election Cycle-to-Date: 15000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 541
	<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>BARNES &amp; THORNBURG POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 11 South Meridian Street Suite 900		Transaction ID : SA11C.27774
City Indianapolis	State IN	
Zip Code 46204		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C00395947	Name of Employer	
Occupation	Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	2500.00
Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (BASF EMPAC)</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 3000 CONTINENTAL DRIVE NORTH		Transaction ID : SA11C.27726
City MOUNT OLIVE	State NJ	
Zip Code 07828		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C00340075	Name of Employer	
Occupation	Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	10000.00
Election Cycle-to-Date 10000.00		

Full Name (Last, First, Middle Initial) <b>BECHTEL PAC COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address 50 BEALE STREET 50 BEALE STREET		Transaction ID : SA11C.27968
City SAN FRANCISCO	State CA	
Zip Code 94105		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C00103697	Name of Employer	
Occupation	Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	4000.00
Election Cycle-to-Date 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 541			
	<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>BEST BUY CO., INC EMPLOYEE POLITICAL FORUM</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 7601 PENN AVENUE SOUTH		Transaction ID : SA11C.26479
City RICHFIELD	State MN	Zip Code 55423
FEC ID number of contributing federal political committee. C C00405076	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>BIOTECHNOLOGY INDUSTRY ORGANIZATION POLITICAL ACTION COMMITTEE (BIO PAC)</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1625 K STREET NW STE 1100		Transaction ID : SA11C.27747
City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00355677	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>BLANK ROME PAC</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 600 New Hampshire Avenue NW		Transaction ID : SA11C.28617
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C C00150797	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4000.00	

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**BLUEGRASS COMMITTEE**

Mailing Address 220 1/2 E ST., NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 15000.00

Date of Receipt 06 / 09 / 2014

Transaction ID : SA11C.26484

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 3500.00

Date of Receipt 06 / 26 / 2014

Transaction ID : SA11C.27957

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)**

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 15000.00

Date of Receipt 06 / 17 / 2014

Transaction ID : SA11C.27755

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... 11000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 541
	<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>BRYAN CAVE LLP POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 700 13th Street N.W. Suite 700		Transaction ID : SA11C.28033
City Washington	State DC	
Zip Code 20005		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00332643		
Name of Employer	Occupation	Amount of Each Receipt this Period 4000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) <b>BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1201 15TH STREET NW		Transaction ID : SA11C.27438
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00000901		
Name of Employer	Occupation	Amount of Each Receipt this Period 10000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address POST OFFICE BOX 961039 3017 LOU MENK DRIVE		Transaction ID : SA11C.27971
City FORT WORTH	State TX	
Zip Code 76102		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00235739		
Name of Employer	Occupation	Amount of Each Receipt this Period 7500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 541			
	<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. BUTLER SNOW POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 22567  
17th Floor Amsouth Plaza

City Jackson State MS Zip Code 39225

FEC ID number of contributing federal political committee. **C** C00382275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
15000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : SA11C.26568

Amount of Each Receipt this Period  
5000.00

**B. CAESARS ENTERTAINMENT CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address ONE CAESARS PALACE DR

City LAS VEGAS State NV Zip Code 89109

FEC ID number of contributing federal political committee. **C** C00239947

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11C.28031

Amount of Each Receipt this Period  
5000.00

**C. CALCOT LTD FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address P O BOX 259

City BAKERSFIELD State CA Zip Code 93302

FEC ID number of contributing federal political committee. **C** C00172775

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : SA11C.26516

Amount of Each Receipt this Period  
500.00

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

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

10500.00

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

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

FOR LINE NUMBER: PAGE 222 OF 541  
(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)  
**CATERPILLAR EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 100 N E ADAMS ST

City State Zip Code  
PEORIA IL 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : SA11C.27388

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**CATERPILLAR EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 100 N E ADAMS ST

City State Zip Code  
PEORIA IL 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
15000.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2014

Transaction ID : SA11C.32470

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**CBS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 601 PENNSYLVANIA AVE NW  
SUITE 540

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00423442

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27785

Amount of Each Receipt this Period  
1000.00

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

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

11000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 223 OF 541	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) <b>CF INDUSTRIES EMPLOYEES' GOOD GOVERNMENT FUND</b>		Date of Receipt MM / DD / YYY <b>06 / 23 / 2014</b>	
Mailing Address <b>SALEM LAKE DRIVE</b>		<b>Transaction ID : SA11C.28061</b>	
City <b>LONG GROVE</b>	State <b>IL</b>	Zip Code <b>60047</b>	Amount of Each Receipt this Period <b>1000.00</b>
FEC ID number of contributing federal political committee. <b>C C00076588</b>			
Name of Employer	Occupation		Amount of Each Receipt this Period <b>2000.00</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>2000.00</b>		

Full Name (Last, First, Middle Initial) <b>CHEVRON EMPLOYEES PAC</b>		Date of Receipt MM / DD / YYY <b>06 / 12 / 2014</b>	
Mailing Address <b>P.O. BOX 6016</b>		<b>Transaction ID : SA11C.26659</b>	
City <b>SAN RAMON</b>	State <b>CA</b>	Zip Code <b>94583-0716</b>	Amount of Each Receipt this Period <b>5000.00</b>
FEC ID number of contributing federal political committee. <b>C C00035006</b>			
Name of Employer	Occupation		Amount of Each Receipt this Period <b>15000.00</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>15000.00</b>		

Full Name (Last, First, Middle Initial) <b>CITIGROUP INC POLITICAL ACTION COMMITTEE-FEDERAL (CITIGROUP PAC-FEDERAL)</b>		Date of Receipt MM / DD / YYY <b>06 / 24 / 2014</b>	
Mailing Address <b>1101 PENNSYLVANIA AVE NW STE 1000</b>		<b>Transaction ID : SA11C.27967</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20004</b>	Amount of Each Receipt this Period <b>2500.00</b>
FEC ID number of contributing federal political committee. <b>C C00008474</b>			
Name of Employer	Occupation		Amount of Each Receipt this Period <b>5000.00</b>
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>5000.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 541			
	<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>CITIZENS ORGANIZED POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 1800 AVE OF THE STARS #900		Transaction ID : SA11C.26793
City LOS ANGELES	State CA	Zip Code 90067
FEC ID number of contributing federal political committee. C C00110585	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>CLARK PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 300 OAKLAND-FLATROCK ROAD		Transaction ID : SA11C.27426
City OAKLAND	State KY	Zip Code 42159
FEC ID number of contributing federal political committee. C C00528349	Amount of Each Receipt this Period 2600.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>CME/PAC CHICAGO MERCANTILE EXCHANGE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 30 SOUTH WACKER DRIVE		Transaction ID : SA11C.26671
City CHICAGO	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C C00076299	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 13000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12600.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 541			
	<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)  
COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 1130 17th Street NW

City Washington	State DC	Zip Code 20036
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Date of Receipt: MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11C.28148

FEC ID number of contributing federal political committee. **C** C00109819

Amount of Each Receipt this Period: 2500.00

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

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA	State PA	Zip Code 19103
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Date of Receipt: MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27754

FEC ID number of contributing federal political committee. **C** C00248716

Amount of Each Receipt this Period: 5000.00

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

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date: 14500.00

**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
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Date of Receipt: MM / DD / YYYY  
06 / 10 / 2014

Transaction ID : SA11C.26488

FEC ID number of contributing federal political committee. **C** C00014019

Amount of Each Receipt this Period: 5000.00

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

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date: 13500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 541			
	<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. COMMON VALUES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 901 N WASHINGTON ST, SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00442368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 15000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2014

Transaction ID : SA11C.28468

Amount of Each Receipt this Period  
5000.00

**B. COMMONWEALTH-ALTADIS, INC. EMPLOYEE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 5900 N ANDREWS AVE SUITE 1100

City FORT LAUDERDALE State FL Zip Code 33309

FEC ID number of contributing federal political committee. **C** C00455600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : SA11C.27955

Amount of Each Receipt this Period  
1000.00

**C. COMPETITIVE CARRIERS ASSOCIATION PAC (CCA PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 805 15TH STREET NW SUITE 401

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00490698

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SA11C.26592

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 227 OF 541	
	<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)  
CONSERVATIVES ORGANIZED TO ADVANCE TOMORROW'S SOLUTIONS (COATS PAC)

Mailing Address PO BOX 34303

City INDIANAPOLIS State IN Zip Code 46234

FEC ID number of contributing federal political committee. **C** C00494559

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 10000.00

Date of Receipt 06 / 11 / 2014  
Transaction ID : SA11C.26589

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
COOPER TIRE & RUBBER COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 701 LIMA AVENUE

City FINDLAY State OH Zip Code 45840

FEC ID number of contributing federal political committee. **C** C00370270

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 2500.00

Date of Receipt 06 / 18 / 2014  
Transaction ID : SA11C.27792

Amount of Each Receipt this Period 2500.00

**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 Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 15000.00

Date of Receipt 06 / 13 / 2014  
Transaction ID : SA11C.26973

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... 12500.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 541  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**COUNTRY FIRST POLITICAL ACTION COMMITTEE INC. (COUNTRY FIRST PAC)**

**A.** Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee. **C** C00457705

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2014

Transaction ID : SA11C.27769

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**COUNTRY FIRST POLITICAL ACTION COMMITTEE INC. (COUNTRY FIRST PAC)**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee. **C** C00457705

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

Transaction ID : SA11C.27789

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F STREET, NW SUITE 300

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2014

Transaction ID : SA11C.26620

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 541
	<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>CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 316 PENNSLYVANIA AVE SE SUITE 401		Transaction ID : SA11C.26670
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00503680	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 11000.00	

Full Name (Last, First, Middle Initial) <b>CROPLIFE AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1156 15TH STREET NW SUITE 400		Transaction ID : SA11C.27773
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00248849	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 8500.00	

Full Name (Last, First, Middle Initial) <b>CSX CORP GOOD GOVT FUND</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1331 PENNSYLVANIA AVE NW SUITE 560		Transaction ID : SA11C.27833
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00163832	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 541  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**CUBIC CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 9333 Balboa Ave. M/S 10-2

City San Diego State CA Zip Code 92123

FEC ID number of contributing federal political committee. **C00151787**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 2000.00

Date of Receipt 06 / 24 / 2014  
Transaction ID : SA11C.27966

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 10000.00

Date of Receipt 06 / 11 / 2014  
Transaction ID : SA11C.26560

Amount of Each Receipt this Period 5000.00

**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) Runoff

Election Cycle-to-Date 7500.00

Date of Receipt 06 / 23 / 2014  
Transaction ID : SA11C.28059

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... 8500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 OF 541  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**DAKOTA PAC**

Mailing Address **1029 N 5TH STREET**

City **BISMARCK** State **ND** Zip Code **58501**

FEC ID number of contributing federal political committee. **C C00493072**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **5000.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : **SA11C.28219**

Amount of Each Receipt this Period **2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**DEFEND AMERICA PAC**

Mailing Address **POST OFFICE BOX 2626**

City **TUSCALOOSA** State **AL** Zip Code **35403**

FEC ID number of contributing federal political committee. **C C00325993**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **15000.00**

Date of Receipt **06 / 12 / 2014**

Transaction ID : **SA11C.26629**

Amount of Each Receipt this Period **5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**DELOITTE AND TOUCHE LLP FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 365**

City **WASHINGTON** State **DC** Zip Code **20044**

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date **15000.00**

Date of Receipt **06 / 10 / 2014**

Transaction ID : **SA11C.26487**

Amount of Each Receipt this Period **5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **12500.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 541			
	<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>DENALI LEADERSHIP PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2755 ILLIAMNA		Transaction ID : SA11C.26672
City ANCHORAGE	State AK	Zip Code 99517
FEC ID number of contributing federal political committee.	C C00438291	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) <b>DIRIGO PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO BOX 1355		Transaction ID : SA11C.26630
City ALEXANDRIA	State VA	Zip Code 22313
FEC ID number of contributing federal political committee.	C C00391797	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) <b>DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 500 8TH STREET, NW		Transaction ID : SA11C.26779
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	C C00151340	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 541
	<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>DYNCORP INTERNATIONAL LLC POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1700 OLD MEADOW ROAD		Transaction ID : SA11C.26628
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C 000409979	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) <b>ELECT-THE POLITICAL ACTION COMMITTEE OF THE ALABAMA FARMERS FEDERATION</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 11023		Transaction ID : SA11C.27905
City MONTGOMERY	State AL	Zip Code 36191
FEC ID number of contributing federal political committee. C 000094573	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>ELECTRIC POWER ASSOCIATIONS OF MISSISSIPPI ACTION COMMITTEE FOR RURAL ELECTRIFICATION</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address POST OFFICE BOX 3300		Transaction ID : SA11C.26475
City Ridgeland	State MS	Zip Code 39158
FEC ID number of contributing federal political committee. C 000004952	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 541			
	<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>EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2273 RESEARCH BLVD SUITE 400		Transaction ID : SA11C.28016
City ROCKVILLE	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C00380303	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address 520 S. GRAND AVE. #700		Transaction ID : SA11C.26496
City LOS ANGELES	State CA	Zip Code 90071
FEC ID number of contributing federal political committee. C00088591	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) <b>ENPAC</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 101 CONSTITUTION AVE., N.W.		Transaction ID : SA11C.26735
City WASHINGTON	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C00363879	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 541  
(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)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address 1225 CONNECTICUT AVE NW SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 10000.00

Date of Receipt 06 / 13 / 2014  
Transaction ID : SA11C.26972

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address 325 Pennsylvania Ave SE Suite 280 SUITE 1300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 12500.00

Date of Receipt 06 / 13 / 2014  
Transaction ID : SA11C.26971

Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**FARM AND RANCH LAND PROTECTION PAC**

Mailing Address 888 17TH STREET NW SUITE 1000

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00426114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 500.00

Date of Receipt 06 / 24 / 2014  
Transaction ID : SA11C.28004

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... 10500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 541
	<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)  
**FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW SUITE 900

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: **C** C00193631

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date: 11500.00

Date of Receipt: 06 / 13 / 2014

Transaction ID : SA11C.26938

Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW SUITE 900

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: **C** C00193631

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date: 14000.00

Date of Receipt: 06 / 13 / 2014

Transaction ID : SA11C.26939

Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**FARMERS' RICE COOPERATIVE FUND**

Mailing Address PO BOX 15223

City: SACRAMENTO State: CA Zip Code: 95851

FEC ID number of contributing federal political committee: **C** C00146605

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date: 5500.00

Date of Receipt: 06 / 17 / 2014

Transaction ID : SA11C.27777

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 541
	<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>FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 3620 HACKS CROSSING ROAD		Transaction ID : SA11C.27790
City MEMPHIS	State TN	Zip Code 38125
FEC ID number of contributing federal political committee. C C00068692	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>FERT PAC (THE POLITICAL ACTION COMMITTEE OF THE FERTILIZER INSTITUTE)</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 425 THIRD STREET, SW SUITE 950		Transaction ID : SA11C.26625
City WASHINGTON	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. C C00085910	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 6700 LAS COLINAS BOULEVARD		Transaction ID : SA11C.28055
City IRVING	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. C C00034132	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 541  
(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)  
**FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE (FOOD PAC)**

Mailing Address **655 FIFTEENTH STREET NW**  
**SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C00014555**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **8000.00**

Date of Receipt **06 / 10 / 2014**  
Transaction ID : **SA11C.26485**

Amount of Each Receipt this Period **2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**FORD MOTOR COMPANY CIVIC ACTION FUND**

Mailing Address **% COMERICA BANK PAC SERVICES**  
**MC 2250**

City **DETROIT** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C00046474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **6000.00**

Date of Receipt **06 / 17 / 2014**  
Transaction ID : **SA11C.27768**

Amount of Each Receipt this Period **2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**FREEDOM FUND**

Mailing Address **701 8TH STREET, NW**  
**SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C00390674**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **15000.00**

Date of Receipt **06 / 05 / 2014**  
Transaction ID : **SA11C.26396**

Amount of Each Receipt this Period **5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **10000.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 541			
	<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. FREE STATE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 2712

City TOPEKA	State KS	Zip Code 66601
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00455717

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11C.26648

Amount of Each Receipt this Period  
5000.00

**B. FUND FOR A CONSERVATIVE FUTURE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 96

City ALEXANDRIA	State VA	Zip Code 22313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326082

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SA11C.28203

Amount of Each Receipt this Period  
5000.00

**C. FUND FOR AMERICAS FUTURE**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1373

City COLUMBIA	State SC	Zip Code 29202
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00388934

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2014

Transaction ID : SA11C.26471

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. GENERAL ATOMICS POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 85608

City State Zip Code  
SAN DIEGO CA 92138

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
13500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27772

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN**

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
9000.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : SA11C.28027

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1299 PENNSYLVANIA AVE NW STE 1100

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
15000.00

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : SA11C.27834

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional).....

15000.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 241 OF 541	
<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) <b>A. GREGGPAC</b>		Date of Receipt 06 / 11 / 2014	
Mailing Address 120 NORTH CONGRESS STREET #300		Transaction ID : SA11C.26576	
City JACKSON	State MS	Zip Code 39201	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C 000455980	Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00		

Full Name (Last, First, Middle Initial) <b>B. WALTON W. GRESHAM III</b>		Date of Receipt 06 / 11 / 2014	
Mailing Address P.O. BOX 690		Transaction ID : SA11C.30679	
City INDIANOLA	State MS	Zip Code 38751	Amount of Each Receipt this Period 2000.00
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3600.00		

Full Name (Last, First, Middle Initial) <b>C. GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt 06 / 13 / 2014	
Mailing Address 1375 ENCLAVE PARKWAY		Transaction ID : SA11C.26937	
City HOUSTON	State TX	Zip Code 77077	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C 000349373	Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 541
	<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)  
**HALLIBURTON COMPANY POLITICAL ACTION COMMITTEE (HALPAC)**

Mailing Address **4100 CLINTON DRIVE**  
**BLDG 12, ROOM 101**

City **HOUSTON** State **TX** Zip Code **77020**

FEC ID number of contributing federal political committee. **C00035691**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2014**

Transaction ID : **SA11C.27965**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**HEARTLAND VALUES PAC**

Mailing Address **PO BOX 505**

City **SIOUX FALLS** State **SD** Zip Code **57101**

FEC ID number of contributing federal political committee. **C00409003**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **15000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

Transaction ID : **SA11C.26480**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**HELLERHIGHWATER PAC**

Mailing Address **PO BOX 370672**

City **LAS VEGAS** State **NV** Zip Code **89137**

FEC ID number of contributing federal political committee. **C00471607**

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  
**05 / 31 / 2014**

Transaction ID : **SA11C.32636**

Amount of Each Receipt this Period  
**5000.00**

See 2nd Quarter report Redesignation below  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**10000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 541
	<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)  
**HELLERHIGHWATER PAC**

Mailing Address **PO BOX 370672**

City **LAS VEGAS** State **NV** Zip Code **89137**

FEC ID number of contributing federal political committee. **C C00471607**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

Transaction ID : **SA11C.32637**

Amount of Each Receipt this Period  
**-5000.00**

Redesignated below  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**HELLERHIGHWATER PAC**

Mailing Address **PO BOX 370672**

City **LAS VEGAS** State **NV** Zip Code **89137**

FEC ID number of contributing federal political committee. **C C00471607**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

Transaction ID : **SA11C.32638**

Amount of Each Receipt this Period  
**5000.00**

Redesignated  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**HOGAN LOVELLS POLITICAL ACTION COMMITTEE**

Mailing Address **555 THIRTEENTH STREET NW 8TH FL  
WEST TOWER**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00261339**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11C.26650**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1000.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 244 OF 541	
<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) <b>HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE (HIPAC)</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 1001 Pennsylvania Avenue NW Suite 700		Transaction ID : <b>SA11C.27745</b>	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b> C00096156			
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) <b>HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPAC)</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 300 M STREET S.E. SUITE 350		Transaction ID : <b>SA11C.26978</b>	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b> C00325092			
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address ONE THOMAS CIRCLE NW SUITE 400		Transaction ID : <b>SA11C.27744</b>	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C</b> C00032698			
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 541
	<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>INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
A. Mailing Address 412 First Street SE Suite 300		Transaction ID : SA11C.28018
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00022343	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 9500.00	

Full Name (Last, First, Middle Initial) <b>INGRAM BARGE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
B. Mailing Address One Belle Meade Place 4400 Harding Road		Transaction ID : SA11C.26192
City Nashville	State TN	Zip Code 37205
FEC ID number of contributing federal political committee. C C00364471	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>INTEL CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
C. Mailing Address 1634 I Street N.W. Suite 300		Transaction ID : SA11C.30385
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00125641	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 541
	<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)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

**A.** Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27714

FEC ID number of contributing federal political committee. **C** C00029447

Amount of Each Receipt this Period  
5000.00

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
7500.00

Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

**B.** Mailing Address 753 STATE AVE.  
SUITE 565

City KANSAS CITY	State KS	Zip Code 66101
---------------------	-------------	-------------------

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2014

Transaction ID : SA11C.28065

FEC ID number of contributing federal political committee. **C** C00005157

Amount of Each Receipt this Period  
2000.00

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
2000.00

Full Name (Last, First, Middle Initial)  
INTERNATIONAL COUNCIL OF SHOPPING CENTERS

**C.** Mailing Address 665 FIFTH AVENUE 11TH FL

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014

Transaction ID : SA11C.26499

FEC ID number of contributing federal political committee. **C** C70001813

Amount of Each Receipt this Period  
1000.00

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 541  
(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)  
**INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE**

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 7500.00

Date of Receipt 06 / 12 / 2014  
Transaction ID : SA11C.26690

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 3500.00

Date of Receipt 06 / 12 / 2014  
Transaction ID : SA11C.26651

Amount of Each Receipt this Period 2000.00

**C.** 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. **C** C00394650

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 3000.00

Date of Receipt 06 / 20 / 2014  
Transaction ID : SA11C.28039

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... 8000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 541  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. Full Name (Last, First, Middle Initial)**  
**KELLEY DRYE & WARREN POLITICAL ACTION COMMITTEE**

Mailing Address 3050 K STREET NW SUITE 400

City WASHINGTON	State DC	Zip Code 20007
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00301929

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SA11C.27903

Amount of Each Receipt this Period  
1000.00

**B. 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. **C** C00039552

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.30666

Amount of Each Receipt this Period  
5000.00

**C. Full Name (Last, First, Middle Initial)**  
**KELLY PAC**

Mailing Address 901 N WASHINGTON STREET  
SUITE 700

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00493411

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date  
10000.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SA11C.26427

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 541  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**KELLY PAC**

Mailing Address **901 N WASHINGTON STREET**  
**SUITE 700**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00493411**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
M M M / D D D / Y Y Y Y  
**06 / 06 / 2014**

Transaction ID : **SA11C.26428**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 18254**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y  
**06 / 24 / 2014**

Transaction ID : **SA11C.28006**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**L-3 COMMUNICATIONS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **600 Third Avenue**

City **New York** State **NY** Zip Code **10016**

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
M M M / D D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11C.26669**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **12500.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 250 OF 541	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**LAND O'LAKES INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'LAKE INC PAC**

Mailing Address **BOX 64101**

City	State	Zip Code
ST PAUL	MN	55164

FEC ID number of contributing federal political committee. **C C00009423**

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>8500.00</b>
---	--

Date of Receipt  
MM / DD / YYYY  
**06 / 26 / 2014**

Transaction ID : **SA11C.27958**

Amount of Each Receipt this Period  
**1500.00**

Full Name (Last, First, Middle Initial)  
**LINCOLN PAC**

Mailing Address **PO BOX A3968**

City	State	Zip Code
CHICAGO	IL	60690

FEC ID number of contributing federal political committee. **C C00491241**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date <b>10000.00</b>
--	---

Date of Receipt  
MM / DD / YYYY  
**06 / 11 / 2014**

Transaction ID : **SA11C.27835**

Amount of Each Receipt this Period  
**5000.00**

Full Name (Last, First, Middle Initial)  
**LOCKE LORD BISSELL & LIDDELL LLP PAC**

Mailing Address **600 TRAVIS STREET  
SUITE 2800**

City	State	Zip Code
HOUSTON	TX	77002

FEC ID number of contributing federal political committee. **C C00117861**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date <b>2000.00</b>
--	--

Date of Receipt  
MM / DD / YYYY  
**06 / 13 / 2014**

Transaction ID : **SA11C.26934**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 251 OF 541
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address **1725 JEFFERSON DAVIS HIGHWAY**  
**CRYSTAL SQUARE TWO SUITE 300**

City **ARLINGTON** State **VA** Zip Code **22202**

Date of Receipt  
MM / DD / YYYY  
**06 / 18 / 2014**

Transaction ID : **SA11C.27788**

FEC ID number of contributing federal political committee. **C00303024**

Amount of Each Receipt this Period  
**5000.00**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**12000.00**

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**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA11C.27954**

FEC ID number of contributing federal political committee. **C00303024**

Amount of Each Receipt this Period  
**1000.00**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**13000.00**

C. 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**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2014**

Transaction ID : **SA11C.28202**

FEC ID number of contributing federal political committee. **C00389916**

Amount of Each Receipt this Period  
**1000.00**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**3000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**7000.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 541  
(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)

**A. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE**

Mailing Address PO Box 3241

City State Zip Code  
Cheyenne WY 82003

FEC ID number of contributing federal political committee. **C** C00392134

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2014

Transaction ID : SA11C.26469

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MANUFACTURED HOUSING INSTITUTE POLITICAL ACTION COMMITTEE (MHI PAC)**

Mailing Address 2101 WILSON BLVD SUITE 610

City State Zip Code  
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
3000.00

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : SA11C.27811

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MARATHON OIL COMPANY EMPLOYEES POLITICAL ACTION COMMITTEE (MEPAC)**

Mailing Address P.O. Box 75000 MC 2250  
Room 2635

City State Zip Code  
Detroit MI 48275

FEC ID number of contributing federal political committee. **C** C00040568

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27713

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

8000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 541			
	<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)  
**MAYNARD COOPER & GALE PC PAC**

Mailing Address **1901 SIXTH AVENUE NORTH**  
**2400 REGIONS/HARBERT PLAZA**

City **BIRMINGHAM** State **AL** Zip Code **35203**

FEC ID number of contributing federal political committee. **C00272724**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **6000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 19 / 2014**

Transaction ID : **SA11C.27900**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **2111 MCDONALDS DR**  
**DEPT 213**

City **OAK BROOK** State **IL** Zip Code **60523**

FEC ID number of contributing federal political committee. **C00063164**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2014**

Transaction ID : **SA11C.28224**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MCKESSON CORPORATION EMPLOYEES POLITICAL FUND**

Mailing Address **ONE POST STREET 29TH FLOOR**

City **SAN FRANCISCO** State **CA** Zip Code **94104**

FEC ID number of contributing federal political committee. **C00108035**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **10000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 11 / 2014**

Transaction ID : **SA11C.26500**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**8500.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 541
	<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>MERCK PAC THE POLITICAL ACTION COMMITTEE FOR MERCK &amp; CO INC</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2013	
Mailing Address 601 PENN AVENUE NW N BLDG STE 1200		Transaction ID : SA11C.32639	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 2500.00 2013 Senators Classic - See 2nd Qtr report Redesignation below [MEMO ITEM]
FEC ID number of contributing federal political committee. C C00097485			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7500.00	

Full Name (Last, First, Middle Initial) <b>MERCK PAC THE POLITICAL ACTION COMMITTEE FOR MERCK &amp; CO INC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 601 PENN AVENUE NW N BLDG STE 1200		Transaction ID : SA11C.30396	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00097485			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 8500.00	

Full Name (Last, First, Middle Initial) <b>MERCK PAC THE POLITICAL ACTION COMMITTEE FOR MERCK &amp; CO INC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014	
Mailing Address 601 PENN AVENUE NW N BLDG STE 1200		Transaction ID : SA11C.32640	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period -2500.00 Redesignated below [MEMO ITEM]
FEC ID number of contributing federal political committee. C C00097485			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 541
	<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)  
**MERCK PAC THE POLITICAL ACTION COMMITTEE FOR MERCK & CO INC**

Mailing Address **601 PENN AVENUE NW N BLDG STE 1200**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **8500.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 30 / 2014**

Transaction ID : **SA11C.32641**

Amount of Each Receipt this Period  
**2500.00**

Redesignated

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MGM MIRAGE PAC**

Mailing Address **591 REDWOOD HWY BUILDING 4000**

City **MILL VALLEY** State **CA** Zip Code **94941**

FEC ID number of contributing federal political committee. **C C00299321**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2500.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 16 / 2014**

Transaction ID : **SA11C.27439**

Amount of Each Receipt this Period  
**2500.00**

**C.** 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. **C C00384354**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 09 / 2014**

Transaction ID : **SA11C.26482**

Amount of Each Receipt this Period  
**3000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5500.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 541			
	<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)  
**MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)**

Mailing Address **7525 RED RIVER ROAD**

City <b>WAHPETON</b>	State <b>ND</b>	Zip Code <b>58075</b>
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00164939**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2014			

Transaction ID : **SA11C.26402**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**MISSISSIPPI POWER COMPANY FEDERAL PAC A/K/A/ MS PWR CO. EMPLOYEES' COMM. FOR RESP FED GOV**

Mailing Address **2992 WEST BEACH BLVD**

City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39502</b>
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00144147**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**15000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2014			

Transaction ID : **SA11C.26498**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MONSANTO COMPANY CITIZENSHIP FUND A/K/A MONSANTO CITIZENSHIP FUND**

Mailing Address **800 N LINDBERGH BLVD**

City <b>ST LOUIS</b>	State <b>MO</b>	Zip Code <b>63167</b>
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00042069**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**7000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2014			

Transaction ID : **SA11C.30394**

Amount of Each Receipt this Period  
**2000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**9000.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 541
	<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>MOTOROLA SOLUTIONS, INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1455 PENNSYLVANIA AVENUE, NW SUITE 900		Transaction ID : SA11C.30669
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00075341	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>NAMMO TALLEY INC EMPLOYEES SECURING THE FUTURE PAC</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address PO BOX 34299		Transaction ID : SA11C.26947
City MESA	State AZ	Zip Code 85277
FEC ID number of contributing federal political committee. C C00502625	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>NATIONAL ASSOCIATION OF BROADCASTERS TELEVISION AND RADIO POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1771 N STREET NW		Transaction ID : SA11C.27709
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00009985	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 541  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1605 KING STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
15000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11C.26704

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

Mailing Address 313 MASSACHUSETTS AVENUE NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00413567

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
6500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SA11C.30388

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 1212 NEW YORK AVE NW  
SUITE 1100

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
7500.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : SA11C.27486

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 541
	<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) NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
A. Mailing Address 2901 TELESTAR COURT		Transaction ID : SA11C.27481
City FALLS CHURCH	State VA	Zip Code 22042
FEC ID number of contributing federal political committee. C C00005249		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
B. Mailing Address 1101 King Street Suite 600		Transaction ID : SA11C.26652
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00144766		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
C. Mailing Address 1724 MASSACHUSETTS AVENUE NW		Transaction ID : SA11C.26497
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00010082		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

**A.** Mailing Address 9110 E. NICHOLS AVENUE  
SUITE 300  
City State Zip Code  
CENTENNIAL CO 80112-3450

Date of Receipt  
MM/DD/YYYY  
06/17/2014  
Transaction ID : SA11C.27735

FEC ID number of contributing federal political committee. C C00028787  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date  
7500.00

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE (FKA) NATIONAL BROILER COUNCIL PAC

**B.** Mailing Address 1015 FIFTEENTH STREET NW  
City State Zip Code  
WASHINGTON DC 20005

Date of Receipt  
MM/DD/YYYY  
06/17/2014  
Transaction ID : SA11C.27771

FEC ID number of contributing federal political committee. C C00034272  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date  
11000.00

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

**C.** Mailing Address 100 Daingerfield Road  
City State Zip Code  
Alexandria VA 22314

Date of Receipt  
MM/DD/YYYY  
06/12/2014  
Transaction ID : SA11C.26654

FEC ID number of contributing federal political committee. C C00030809  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date  
6000.00

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

15000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL CORN GROWERS ASSOCIATION (NCGA)**

Mailing Address **20 F STREET NW**  
**SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00376343**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **8500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 16 / 2014**

Transaction ID : **SA11C.28330**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

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) **Runoff**

Election Cycle-to-Date **15000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 06 / 2014**

Transaction ID : **SA11C.26591**

Amount of Each Receipt this Period  
**5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES POLITICAL ACTION COMMITTEE (CO-OP/PAC)**

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) **Runoff**

Election Cycle-to-Date **7500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 17 / 2014**

Transaction ID : **SA11C.27727**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**10000.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 262 OF 541	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICA'S FREE ENTERPRISE TRUST		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 1201 F STREET NW SUITE 200		Transaction ID : SA11C.28056	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00101105			
Name of Employer	Occupation		Amount of Each Receipt this Period 7200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7200.00		

Full Name (Last, First, Middle Initial) NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICA'S FREE ENTERPRISE TRUST		Date of Receipt MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 1201 F STREET NW SUITE 200		Transaction ID : SA11C.28152	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00101105			
Name of Employer	Occupation		Amount of Each Receipt this Period 9700.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 9700.00		

Full Name (Last, First, Middle Initial) NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 12 / 2014	
Mailing Address 1850 M STREET, NW SUITE 540		Transaction ID : SA11C.26655	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00130773			
Name of Employer	Occupation		Amount of Each Receipt this Period 10000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 541
	<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)  
**NATIONAL PORK PRODUCERS COUNCIL PORK PAC**

Mailing Address **114TH STREET NW**  
**PO BOX 10383**

City **DES MOINES** State **IA** Zip Code **50306**

FEC ID number of contributing federal political committee. **C00201871**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2014**

Transaction ID : **SA11C.28022**

Amount of Each Receipt this Period  
**3000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1630 DUKE STREET 4TH FLOOR**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C00072025**

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  
**06 / 18 / 2014**

Transaction ID : **SA11C.27831**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION COMMITTEE (NSSF PAC)**

Mailing Address **11 MILE HILL RD**

City **NEWTOWN** State **CT** Zip Code **06470**

FEC ID number of contributing federal political committee. **C00480863**

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  
**06 / 18 / 2014**

Transaction ID : **SA11C.27839**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**6000.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 541			
	<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>NATIONAL STONE, SAND &amp; GRAVEL ASSOCIATION ROCKPAC</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1605 KING STREET		Transaction ID : SA11C.27055
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C00089458	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	Amount of Each Receipt this Period 7500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7500.00	

Full Name (Last, First, Middle Initial) <b>NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1225 NEW YORK AVE NW STE 400		Transaction ID : SA11C.27387
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C00076182	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	Amount of Each Receipt this Period 4500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) <b>NEBRASKA SANDHILLS PAC</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014
Mailing Address 228 S WASHINGTON ST STE 115		Transaction ID : SA11C.26483
City ALEXANDRIA	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C00540054	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	Amount of Each Receipt this Period 5000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 541  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**NEW REPUBLICAN MAJORITY FUND**

Mailing Address 201 NORTH UNION STREET SUITE 530

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00300483

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 4500.00

Date of Receipt 06 / 13 / 2014  
Transaction ID : SA11C.26949

Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 MADISON AVENUE ROOM 1109

City NEW YORK State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 12500.00

Date of Receipt 06 / 23 / 2014  
Transaction ID : SA11C.28054

Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00343947

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 10000.00

Date of Receipt 06 / 06 / 2014  
Transaction ID : SA11C.26409

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 12500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 541			
	<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)  
**NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **THREE COMMERCIAL PLACE**

City <b>NORFOLK</b>	State <b>VA</b>	Zip Code <b>23510</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00009282**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
**06 / 24 / 2014**

Transaction ID : **SA11C.27963**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NORPAC**

Mailing Address **PO BOX 1543**

City <b>ENGLEWOOD CLIFFS</b>	State <b>NJ</b>	Zip Code <b>07632</b>
---------------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00247403**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
**06 / 13 / 2014**

Transaction ID : **SA11C.26904**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**NOSSAMAN LLP POLITICAL ACTION COMMITTEE (NOSSAMAN PAC)**

Mailing Address **1666 K STREET, NW SUITE 500**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20006</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C00473652**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
**06 / 17 / 2014**

Transaction ID : **SA11C.27708**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**8500.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 541
	<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)  
**NUCOR CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1915 Rexford Road

City State Zip Code  
Charlotte NC 28211

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
9000.00

Date of Receipt  
06 / 24 / 2014

Transaction ID : SA11C.27969

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**OHIO USA PAC**

Mailing Address 9856 ARCHER LANE

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing federal political committee. **C** C00356378

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
3000.00

Date of Receipt  
06 / 20 / 2014

Transaction ID : SA11C.28029

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
**OLDCASTLE MATERIALS INC. PAC**

Mailing Address 101 CONSTITUTION AVENUE  
600 W

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
8500.00

Date of Receipt  
06 / 17 / 2014

Transaction ID : SA11C.27707

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 541
	<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)  
**ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)**

Mailing Address 1015 15TH ST. NW SUITE 200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 1000.00

Date of Receipt 06 / 13 / 2014  
Transaction ID : SA11C.26966

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ORAL AND MAXILLOFACIAL SURGERY POLITICAL ACTION COMMITTEE (OMSPAC)**

Mailing Address 9700 WEST BRYN MAWR AVE

City ROSEMONT State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 5000.00

Date of Receipt 06 / 19 / 2014  
Transaction ID : SA11C.27907

Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**ORBPAC (THE POLITICAL ACTION COMMITTEE OF ORBITAL SCIENCES)**

Mailing Address 21700 ATLANTIC BOULEVARD

City DULLES State VA Zip Code 20166

FEC ID number of contributing federal political committee. **C** C00195263

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 2000.00

Date of Receipt 06 / 17 / 2014  
Transaction ID : SA11C.27706

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 541			
	<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>ORRINPAC</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 175 S. WEST TEMPLE SUITE 650		Transaction ID : SA11C.26673
City SALT LAKE CITY	State UT	Zip Code 84101
FEC ID number of contributing federal political committee. C00235572	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) PEANUT PAC OF ALABAMA, POLITICAL ACTION COMMITTEE OF ALABAMA PEANUT PRODUCERS ASSOCIATION		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address PO BX 10182		Transaction ID : SA11C.28153
City DOTHAN	State AL	Zip Code 36304
FEC ID number of contributing federal political committee. C00211037	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) PFIZER INC. PAC		Date of Receipt MM / DD / YYYY 06 / 20 / 2014
Mailing Address 235 EAST 42ND STREET		Transaction ID : SA11C.28028
City NEW YORK	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C00016683	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 541			
	<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>PICKERING FOR CONGRESS</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2014		
A. Mailing Address 155 DOMINION PARK WAY			Transaction ID : SA11C.28222		
City BRANDON	State MS	Zip Code 39042	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00308577		Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 7000.00			

Full Name (Last, First, Middle Initial) <b>PICKERING INC PAC</b>			Date of Receipt MM / DD / YYYY 06 / 06 / 2014		
B. Mailing Address 6775 LENOX CENTER COURT #300			Transaction ID : SA11C.26421		
City MEMPHIS	State TN	Zip Code 38115	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00425256		Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1200.00			

Full Name (Last, First, Middle Initial) <b>PLAINS COTTON COOPERATIVE ASSOCIATION EMPLOYEES POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 06 / 24 / 2014		
C. Mailing Address PO BOX 2827			Transaction ID : SA11C.28009		
City LUBBOCK	State TX	Zip Code 79408	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00152272		Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>A. PRAIRIELAND PAC</b>		Date of Receipt MM / DD / YYYY 06 / 09 / 2014	
Mailing Address 228 S WASHINGTON ST STE 115		Transaction ID : SA11C.26481	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C C00557579			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7800.00		

Full Name (Last, First, Middle Initial) <b>B. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 1900 K STREET NW		Transaction ID : SA11C.26963	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00107235			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00		

Full Name (Last, First, Middle Initial) <b>C. PROJECT WEST POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 9227 EAST LINCOLN AVENUE #200-435		Transaction ID : SA11C.27763	
City LONE TREE	State CO	Zip Code 80124	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00525543			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	8600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 541
	<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>PROMOTING OUR REPUBLICAN TEAM PAC</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 8331 LITTLE HARBOR DRIVE		Transaction ID : SA11C.27483
City CINCINNATI	State OH	Zip Code 45244
FEC ID number of contributing federal political committee. C C00440032	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) <b>R.R. DONNELLEY &amp; SONS CO. GOOD GOVERNMENT FUND</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 77 W. Wacker Drive		Transaction ID : SA11C.26933
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C C00033977	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>RADIANCE TECHNOLOGIES INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 350 WYNN DR.		Transaction ID : SA11C.27787
City HUNTSVILLE	State AL	Zip Code 35805
FEC ID number of contributing federal political committee. C C00372979	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 541
	<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)  
**RAIN AND HAIL INSURANCE SOCIETY POLITICAL ACTION COMMITTEE**

Mailing Address **1501 - 50TH ST SUITE 200**

City	State	Zip Code
WEST DES MOINES	IA	50266

FEC ID number of contributing federal political committee. **C C00279505**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>5000.00</b>
---	--

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 23 / 2014**

Transaction ID : **SA11C.28060**

Amount of Each Receipt this Period  
**1500.00**

B. Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **141 SPRING STREET**

City	State	Zip Code
LEXINGTON	MA	02173

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>15000.00</b>
---	---

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 10 / 2014**

Transaction ID : **SA11C.26489**

Amount of Each Receipt this Period  
**5000.00**

C. Full Name (Last, First, Middle Initial)  
**REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address **430 NORTH MICHIGAN AVE**

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer	Occupation

Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>9990.00</b>
---	--

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11C.26692**

Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>11500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 541
	<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>REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1015 15TH STREET NW SUITE 920		Transaction ID : SA11C.30398
City	State Zip Code	
WASHINGTON	DC 20005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.	C C00432252	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>RELY ON YOUR BELIEFS FUND</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 209 PENNSYLVANIA AVENUE, SE		Transaction ID : SA11C.32842
City	State Zip Code	
WASHINGTON	DC 20003	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee.	C C00344648	See 2nd Qtr report Redesignation below <b>[MEMO ITEM]</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 15000.00	

Full Name (Last, First, Middle Initial) <b>RELY ON YOUR BELIEFS FUND</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 209 PENNSYLVANIA AVENUE, SE		Transaction ID : SA11C.32643
City	State Zip Code	
WASHINGTON	DC 20003	Amount of Each Receipt this Period -5000.00
FEC ID number of contributing federal political committee.	C C00344648	Redesignated below <b>[MEMO ITEM]</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 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 541

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**RELY ON YOUR BELIEFS FUND**

Mailing Address <b>209 PENNSYLVANIA AVENUE, SE</b>		Date of Receipt MM / DD / YYYY <b>06 / 12 / 2014</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SA11C.32644</b>
FEC ID number of contributing federal political committee. <b>C C00344648</b>		Amount of Each Receipt this Period <b>5000.00</b>	
Name of Employer	Occupation	Redesignated	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>15000.00</b>	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>REPUBLICAN MAINSTREET PARTNERSHIP PAC</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2014</b>	
Mailing Address <b>C/O G&amp;W 2201 WISCONSIN AVE., NW SUITE 320</b>		Transaction ID : <b>SA11C.28220</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20007</b>	Amount of Each Receipt this Period <b>5000.00</b>
FEC ID number of contributing federal political committee. <b>C C00165159</b>			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>5000.00</b>		

Full Name (Last, First, Middle Initial) <b>REPUBLICAN MAJORITY FUND</b>		Date of Receipt MM / DD / YYYY <b>06 / 09 / 2014</b>	
Mailing Address <b>1155 21ST STREET NW #300</b>		Transaction ID : <b>SA11C.26472</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Receipt this Period <b>5000.00</b>
FEC ID number of contributing federal political committee. <b>C C00296640</b>			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>	Election Cycle-to-Date <b>15000.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 541
	<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. RESPONSIBILITY AND FREEDOM WORK PAC (RFPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address POST OFFICE BOX 80

City JACKSON State MS Zip Code 39205

FEC ID number of contributing federal political committee. **C** C00368696

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 15000.00

Date of Receipt: 06 / 18 / 2014  
Transaction ID : SA11C.27797

Amount of Each Receipt this Period: 5000.00

**B. RICELAND FOODS INC POLITICAL ACTION COMMITTEE (RICELAND PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address P O BOX 927

City STUTTGART State AR Zip Code 72160

FEC ID number of contributing federal political committee. **C** C00220053

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 4000.00

Date of Receipt: 06 / 16 / 2014  
Transaction ID : SA11C.27482

Amount of Each Receipt this Period: 1000.00

**C. ROCKTENN POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 504 THRASHER STREET

City NORCROSS State GA Zip Code 30071

FEC ID number of contributing federal political committee. **C** C00117424

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 10000.00

Date of Receipt: 06 / 12 / 2014  
Transaction ID : SA11C.26653

Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 11000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 541
	<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) ROLLS-ROYCE NORTH AMERICA POLITICAL ACTION COMMITTEE FKA ALLISON ENGINE COMPANY PAC		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
A. Mailing Address 14850 CONFERENCE CTR DR STE 100		Transaction ID : SA11C.27836
City CHANTILLY	State VA	Zip Code 20151
FEC ID number of contributing federal political committee. C00296822	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 12500.00	

Full Name (Last, First, Middle Initial) SAFARI CLUB INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 26 / 2014
B. Mailing Address PO BOX 159		Transaction ID : SA11C.27956
City WAPATO	State WA	Zip Code 98951
FEC ID number of contributing federal political committee. C00122101	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6500.00	

Full Name (Last, First, Middle Initial) SANOFI US SERVICES INC. EMPLOYEES' POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
C. Mailing Address 55 CORPORATE DRIVE		Transaction ID : SA11C.26977
City BRIDGEWATER	State NJ	Zip Code 08807
FEC ID number of contributing federal political committee. C00144345	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 OF 541  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**SENATE VICTORY FUND PAC, THE**

Mailing Address **PO BOX 7274**

City **TUPELO** State **MS** Zip Code **38802**

FEC ID number of contributing federal political committee. **C C00202861**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **15000.00**

Date of Receipt **06 / 05 / 2014**  
Transaction ID : **SA11C.26395**

Amount of Each Receipt this Period **5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**SHELL OIL COMPANY EMPLOYEES' POLITICAL AWARENESS COMMITTEE**

Mailing Address **1050 K STREET NW, SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00039503**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2500.00**

Date of Receipt **06 / 16 / 2014**  
Transaction ID : **SA11C.27487**

Amount of Each Receipt this Period **2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**SHIPBUILDERS COUNCIL OF AMERICA**

Mailing Address **655 FIFTEENTH STREET NW SUITE 225**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00374355**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2500.00**

Date of Receipt **06 / 12 / 2014**  
Transaction ID : **SA11C.26656**

Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **10000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 541			
	<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)  
**SIERRA NEVADA CORPORATION PAC**

Mailing Address P.O. BOX 50193

City State Zip Code  
SPARKS NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
15000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27704

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)**

Mailing Address Five Moore Drive  
P.O. Box 13358

City State Zip Code  
Res. Triangle Park NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
4000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.28332

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**SNAKE RIVER SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 1520

City State Zip Code  
OGDEN UT 84402

FEC ID number of contributing federal political committee. **C** C00326389

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2014

Transaction ID : SA11C.26474

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 541
	<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>SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 11911 FREEDOM DRIVE SUITE 590		Transaction ID : SA11C.26705
City RESTON	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. C00120030	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>SOUTHEASTERN LUMBER MANUFACTURERS ASSOC POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014
Mailing Address 671 FOREST PARKWAY PO BOX 1788		Transaction ID : SA11C.26936
City FOREST PARK	State GA	Zip Code 30050
FEC ID number of contributing federal political committee. C00128678	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7000.00	

Full Name (Last, First, Middle Initial) <b>SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address P O BOX 500		Transaction ID : SA11C.26495
City RENVILLE	State MN	Zip Code 56284
FEC ID number of contributing federal political committee. C00166348	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 281 OF 541	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE (SWAPA PAC)		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 1450 EMPIRE CENTRAL DR SUITE 737		Transaction ID : SA11C.30673	
City DALLAS	State TX	Zip Code 75247	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00360669			
Name of Employer	Occupation	Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) SPRINT CORPORATION PAC		Date of Receipt MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 5454 WEST 110TH STREET		Transaction ID : SA11C.30671	
City OVERLAND PARK	State KS	Zip Code 66211	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00089342			
Name of Employer	Occupation	Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

Full Name (Last, First, Middle Initial) SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address PO BOX 666		Transaction ID : SA11C.26962	
City BELLE GLADE	State FL	Zip Code 33430	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00254656			
Name of Employer	Occupation	Election Cycle-to-Date 3000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 541
	<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>SUNKIST GROWERS INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014	
Mailing Address 14120 RIVERSIDE DRIVE P O BOX 5576		Transaction ID : SA11C.27770	
City SHERMAN OAKS	State CA	Zip Code 91423	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00099002			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>SYNGENTA CORPORATION POLITICAL ACTION COMMITTEE (SYNGENTA PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1201 F STREET NW SUITE 875		Transaction ID : SA11C.28223	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00363945			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>T-MOBILE USA INC. POLITICAL ACTION COMMITTEE (T-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 401 9th STREET NW SUITE 550		Transaction ID : SA11C.27832	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00361758			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	3500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 283 OF 541	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**TACO POLITICAL ACTION COMMITTEE**

Mailing Address **6405 METCALF AVENUE SUITE 503**

City **SHAWNEE MISSION** State **KS** Zip Code **66202**

FEC ID number of contributing federal political committee. **C00330118**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2014**

Transaction ID : **SA11C.30397**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**TELAPEX INC PAC**

Mailing Address **1018 HIGHLAND COLONY PARKWAY STE 330**

City **RIDGELAND** State **MS** Zip Code **39157**

FEC ID number of contributing federal political committee. **C00408500**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **7800.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 13 / 2014**

Transaction ID : **SA11C.26743**

Amount of Each Receipt this Period  
**2600.00**

**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) **Runoff**

Election Cycle-to-Date **10000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 09 / 2014**

Transaction ID : **SA11C.26467**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**8600.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 541
	<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) TEXAS FARM BUREAU FRIENDS OF AGRICULTURE FUND (AGFUND) INC (TEXAS FARM BUREAU AGFUND)		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014
A. Mailing Address 7420 FISH POND ROAD PO BOX 2689		Transaction ID : SA11C.26932
City WACO	State TX	
Zip Code 76702	FEC ID number of contributing federal political committee. C C00214981	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Transaction ID : SA11C.26932
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) <b>THE HAWKEYE PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014
B. Mailing Address PO BOX 192		Transaction ID : SA11C.26649
City DES MOINES	State IA	
Zip Code 50301	FEC ID number of contributing federal political committee. C C00379479	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Transaction ID : SA11C.26649
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2014
C. Mailing Address 1155 F STREET, NW SUITE 400		Transaction ID : SA11C.27767
City WASHINGTON	State DC	
Zip Code 20004	FEC ID number of contributing federal political committee. C C00284885	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Transaction ID : SA11C.27767
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 9000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 541
	<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)  
**THERMO FISHER SCIENTIFIC INC. PAC**

Mailing Address **81 WYMAN STREET**  
**PO BOX 9046**

City **WALTHAM** State **MA** Zip Code **02454**

FEC ID number of contributing federal political committee. **C00292318**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date **3500.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 17 / 2014**

Transaction ID : **SA11C.30675**

Amount of Each Receipt this Period  
**3500.00**

**B.** Full Name (Last, First, Middle Initial)  
**THE SPECTRUM GROUP POLITICAL ACTION COMMITTEE (SPEC PAC)**

Mailing Address **11 CANAL CENTER PLAZA**  
**SUITE 103**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C00326488**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date **500.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 23 / 2014**

Transaction ID : **SA11C.28057**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**THE TRAVELERS COMPANIES INC. PAC**

Mailing Address **ONE TOWER SQUARE**

City **HARTFORD** State **CT** Zip Code **06183**

FEC ID number of contributing federal political committee. **C00376376**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_ Runoff \_\_\_\_\_

Election Cycle-to-Date **10000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 17 / 2014**

Transaction ID : **SA11C.27703**

Amount of Each Receipt this Period  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**9000.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**THE WALT DISNEY PRODUCTIONS EMPLOYEES PAC**

Mailing Address 425 3RD STREET SW, SUITE 1100

City	State	Zip Code
WASHINGTON	DC	20024

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : SA11C.27961

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**TWENTY-FIRST CENTURY FOX, INC. PAC (FOX PAC)**

Mailing Address 444 N CAPITOL STREET - SUITE 740

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11C.26790

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 600 13TH STREET NW SUITE 340

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
10000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2014

Transaction ID : SA11C.27766

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 287 OF 541	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>UNITED EGG ASSOCIATION POLITICAL ACTION COMMITTEE (EGGPAC)</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 1303 HIGHTOWER TRAIL - SUITE 200		Transaction ID : SA11C.26935	
City ATLANTA	State GA	Zip Code 30350	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00172841			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 14000.00		

Full Name (Last, First, Middle Initial) <b>UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014	
Mailing Address 1156 15TH STREET NW SUITE 1019		Transaction ID : SA11C.26406	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C C00063586			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 6000.00		

Full Name (Last, First, Middle Initial) <b>UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2014	
Mailing Address 1401 I Street NW Suite 600		Transaction ID : SA11C.26501	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00035683			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 11500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 541
	<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>A. USA RICE FEDERATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt 06 / 13 / 2014
Mailing Address 4301 NORTH FAIRFAX DRIVE SUITE 305		Transaction ID : SA11C.26948
City ARLINGTON      State VA      Zip Code 22203	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C00308478	Name of Employer      Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)      Runoff	Election Cycle-to-Date 15000.00	

Full Name (Last, First, Middle Initial) <b>B. VOTESANE PAC</b>		Date of Receipt 06 / 10 / 2014
Mailing Address PO BOX 2713		Transaction ID : SA11C.26490
City ALEXANDRIA      State VA      Zip Code 22301	Amount of Each Receipt this Period 950.00	
FEC ID number of contributing federal political committee. C00484535	Name of Employer      Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)      Runoff	Election Cycle-to-Date 22800.00	
		See Credit Memos

Full Name (Last, First, Middle Initial) <b>C. VOTESANE PAC</b>		Date of Receipt 06 / 17 / 2014
Mailing Address PO BOX 2713		Transaction ID : SA11C.27728
City ALEXANDRIA      State VA      Zip Code 22301	Amount of Each Receipt this Period 475.00	
FEC ID number of contributing federal political committee. C00484535	Name of Employer      Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)      Runoff	Election Cycle-to-Date 23275.00	
		See Credit Memos

SUBTOTAL of Receipts This Page (optional).....	6425.00
TOTAL This Period (last page this line number only).....	6425.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 OF 541
	<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>VOTESANE PAC</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014
Mailing Address PO BOX 2713		Transaction ID : SA11C.30426
City ALEXANDRIA	State VA	Zip Code 22301
FEC ID number of contributing federal political committee. C C00484535		Amount of Each Receipt this Period 1900.00
Name of Employer	Occupation	See Credit Memos
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 25175.00	

Full Name (Last, First, Middle Initial) <b>VOTESANE PAC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address PO BOX 2713		Transaction ID : SA11C.30429
City ALEXANDRIA	State VA	Zip Code 22301
FEC ID number of contributing federal political committee. C C00484535		Amount of Each Receipt this Period 1425.00
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 26600.00	

Full Name (Last, First, Middle Initial) <b>VT HALTER MARINE INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2014
Mailing Address 900 BAYOU CASOTTE PARKWAY		Transaction ID : SA11C.26419
City PASCAGOULA	State MS	Zip Code 39581
FEC ID number of contributing federal political committee. C C00321802		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 8500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4325.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. VULCAN MATERIALS COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 385014

City	State	Zip Code
BIRMINGHAM	AL	35238

FEC ID number of contributing federal political committee. **C00116020**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**3500.00**

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SA11C.28201

Amount of Each Receipt this Period

**2500.00**

**B. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8th Street

City	State	Zip Code
Bentonville	AR	72716

FEC ID number of contributing federal political committee. **C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**4000.00**

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2014

Transaction ID : SA11C.26473

Amount of Each Receipt this Period

**1000.00**

**C. WALGREEN CO PAC**

Mailing Address 104 WILMOT ROAD MS #1447

City	State	Zip Code
DEERFIELD	IL	60015

FEC ID number of contributing federal political committee. **C00160770**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
**1000.00**

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SA11C.30391

Amount of Each Receipt this Period

**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**4500.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**WATERPAC - NATIONAL RURAL WATER ASSOCIATION POLITICAL COMMITTEE**

Mailing Address 2915 SOUTH 13TH

City State Zip Code  
DUNCAN OK 73533

FEC ID number of contributing federal political committee. **C00202184**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
15000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2014

Transaction ID : SA11C.26476

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**WEBPAC, INC**

Mailing Address PO BOX 23734

City State Zip Code  
HARAHAN LA 70183

FEC ID number of contributing federal political committee. **C00409789**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2014

Transaction ID : SA11C.27386

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**WELLPOINT, INC. WELLPAC**

Mailing Address 120 MONUMENT CIRCLE

City State Zip Code  
INDIANAPOLIS IN 46204

FEC ID number of contributing federal political committee. **C00197228**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2014

Transaction ID : SA11C.26405

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... 12500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 541
	<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)  
**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) **Runoff**

Election Cycle-to-Date **7000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2014**

Transaction ID : **SA11C.26668**

Amount of Each Receipt this Period  
**5000.00**

**B.** Full Name (Last, First, Middle Initial)  
**WESTERN SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE**

Mailing Address **7555 EAST HAMPDEN AVENUE**  
**SUITE 600**

City **DENVER** State **CO** Zip Code **80231**

FEC ID number of contributing federal political committee. **C00446674**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 10 / 2014**

Transaction ID : **SA11C.26486**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**WEYERHAEUSER COMPANY POLITICAL ACTION COMMITTEE ('WPAC')**

Mailing Address **CH 1M 31**  
**33663 WEYERHAEUSER WAY S.**

City **FEDERAL WAY** State **WA** Zip Code **98063**

FEC ID number of contributing federal political committee. **C00007948**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 05 / 2014**

Transaction ID : **SA11C.26397**

Amount of Each Receipt this Period  
**2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**9500.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

**A.** Mailing Address 805 FIFTEENTH ST NW SUITE 430

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : SA11C.26657

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00
867150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 541
	<input type="checkbox"/> 11a <input checked="" 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>2014 SENATORS CLASSIC COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014	
Mailing Address <b>228 S WASHINGTON STREET SUITE 115</b>		<b>Transaction ID : SA12.28335</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Amount of Each Receipt this Period <b>53604.74</b> Transfer of Joint Fundraising Proceeds
FEC ID number of contributing federal political committee. <b>C C00561845</b>			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff</b>		Election Cycle-to-Date <b>53604.74</b>	

Full Name (Last, First, Middle Initial) <b>SUSAN ALVARADO</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014	
Mailing Address <b>9412 MACKLIN CT.</b>		<b>Transaction ID : SA12.28338</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22309</b>	Amount of Each Receipt this Period <b>1000.00</b> 2014 Senators Classic Committee
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>ALVARADO &amp; BENNETT</b> Occupation <b>PARTNER</b>			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>1500.00</b>	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014	
Mailing Address <b>401 N. Lindbergh Blvd</b>		<b>Transaction ID : SA12.28363</b>	
City <b>St. Louis</b>	State <b>MO</b>	Zip Code <b>63141</b>	Amount of Each Receipt this Period <b>2500.00</b> 2014 Senators Classic Committee
FEC ID number of contributing federal political committee. <b>C C00293910</b>			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>2500.00</b>	

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>53604.74</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>53604.74</b>

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL POLITICAL ACTION COMMITTEE**

Mailing Address **1111 14TH STREET, NW**  
**SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**12000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28383**

Amount of Each Receipt this Period  
**5000.00**

2014 Senators Classic Committee

**[MEMO ITEM]**

**B.** 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. **C C00077321**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**11500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28336**

Amount of Each Receipt this Period  
**1500.00**

2014 Senators Classic Committee

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**

Mailing Address **2 West Dixie Highway**

City **Dania Beach** State **FL** Zip Code **33004**

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28366**

Amount of Each Receipt this Period  
**2000.00**

2014 Senators Classic Committee

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**0.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. AMERICAN MEAT INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1700 N MOORE ST/ROOM 1600

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2500.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

Transaction ID : SA12.28377

Amount of Each Receipt this Period

2500.00

2014 Senators Classic Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. ARCH COAL INC. POLITICAL ACTION COMMITTEE (ARCHPAC)**

Mailing Address CITYPLACE ONE

City State Zip Code  
ST. LOUIS MO 63141

FEC ID number of contributing federal political committee. **C** C00167668

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

Transaction ID : SA12.28378

Amount of Each Receipt this Period

1000.00

2014 Senators Classic Committee

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)**

Mailing Address 295 NORTH MAPLE AVENUE

City State Zip Code  
BASKING RIDGE NJ 07920

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 27 / 2014

Transaction ID : SA12.28342

Amount of Each Receipt this Period

1000.00

2014 Senators Classic Committee

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

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)

**A.** Mailing Address 1215 JEFFERSON DAVIS HWY STE 1500

City	State	Zip Code
ARLINGTON	VA	22202

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
14000.00

Date of Receipt  

MM	DD	YYYY
06	27	2014

Transaction ID : SA12.28367

Amount of Each Receipt this Period  
1500.00

2014 Senators Classic Committee

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**BAKER BOTTS BLUEBONNET FUND**

Mailing Address 910 Louisiana

City	State	Zip Code
Houston	TX	77002

FEC ID number of contributing federal political committee. **C** C00077552

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
4000.00

Date of Receipt  

MM	DD	YYYY
06	27	2014

Transaction ID : SA12.28385

Amount of Each Receipt this Period  
1000.00

2014 Senators Classic Committee

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**BEST BUY CO., INC EMPLOYEE POLITICAL FORUM**

Mailing Address 7601 PENN AVENUE SOUTH

City	State	Zip Code
RICHFIELD	MN	55423

FEC ID number of contributing federal political committee. **C** C00405076

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date  
2500.00

Date of Receipt  

MM	DD	YYYY
06	27	2014

Transaction ID : SA12.28380

Amount of Each Receipt this Period  
1500.00

2014 Senators Classic Committee

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**CME/PAC CHICAGO MERCANTILE EXCHANGE PAC**

Mailing Address **30 SOUTH WACKER DRIVE**

City **CHICAGO** State **IL** Zip Code **60606**

FEC ID number of contributing federal political committee. **C00076299**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28391**

Amount of Each Receipt this Period  
**2000.00**  
2014

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City **PHILADELPHIA** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C00248716**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**15000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28358**

Amount of Each Receipt this Period  
**500.00**  
2014 Senators Classic Committee

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**CONOCOPHILLIPS SPIRIT PAC**

Mailing Address **1400B Plaza Office Building**  
**1400 B PLAZA OFFICE BUILDING**

City **Bartlesville** State **OK** Zip Code **74004**

FEC ID number of contributing federal political committee. **C00112896**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28370**

Amount of Each Receipt this Period  
**1000.00**  
2014 Senators Classic Committee

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 541
	<input type="checkbox"/> 11a <input checked="" 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>CVS/CAREMARK CORPORATION EMPLOYEES PAC</b>		Date of Receipt M M / D D / Y Y 06 / 27 / 2014
Mailing Address 1300 EYE STREET, NW SUITE 525W		Transaction ID : SA12.28395
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	C C00384818	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	2014 Senators Classic Committee
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]

Full Name (Last, First, Middle Initial) <b>DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')</b>		Date of Receipt M M / D D / Y Y 06 / 27 / 2014
Mailing Address 601 HAWAII STREET		Transaction ID : SA12.28373
City EL SEGUNDO	State CA	Zip Code 90245
FEC ID number of contributing federal political committee.	C C00340943	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	2014 Senators Classic Committee
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>EQUIFAX INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y 06 / 27 / 2014
Mailing Address 1550 PEACHTREE STREET NW		Transaction ID : SA12.28375
City ATLANTA	State GA	Zip Code 30309
FEC ID number of contributing federal political committee.	C C00143867	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	2014 Senators Classic Committee
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1000.00	[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** 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) **Runoff**

Election Cycle-to-Date **4000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28374**

Amount of Each Receipt this Period  
**1000.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address **325 Pennsylvania Ave SE Suite 280  
SUITE 1300**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **15000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28348**

Amount of Each Receipt this Period  
**2500.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**FORD MOTOR COMPANY CIVIC ACTION FUND**

Mailing Address **% COMERICA BANK PAC SERVICES  
MC 2250**

City **DETROIT** State **MI** Zip Code **48275**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **7000.00**

Date of Receipt  
 MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28398**

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).....

**0.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE GATES**

Mailing Address **4135 SEMINARY RD**

City **ALEXANDRIA** State **VA** Zip Code **22304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALTRIA** Occupation **SR VP**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff**

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28388**

Amount of Each Receipt this Period  
**2600.00**  
2014 Senators Classic Committee

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN**

Mailing Address **3190 FAIRVIEW PARK DRIVE**

City **FALLS CHURCH** State **VA** Zip Code **22042**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28353**

Amount of Each Receipt this Period  
**1000.00**  
2014 Senators Classic Committee

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN**

Mailing Address **3190 FAIRVIEW PARK DRIVE**

City **FALLS CHURCH** State **VA** Zip Code **22042**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **11000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 27 / 2014**

Transaction ID : **SA12.28354**

Amount of Each Receipt this Period  
**1000.00**  
2014 Senators Classic Committee

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**0.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**BRYCE L. HARLOW**

Mailing Address **1812 SOLITAIRE LANE**

City **MCLEAN** State **VA** Zip Code **22101-4200**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HARLOW GOV'T AFFAIRS** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 27 / 2014**

Transaction ID : **SA12.28372**

Amount of Each Receipt this Period  
**1000.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL ACTION COMMITTEE (INSURPAC)**

Mailing Address **412 First Street SE Suite 300**

City **Washington** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C** **C00022343**

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 Y Y  
**06 / 27 / 2014**

Transaction ID : **SA12.28360**

Amount of Each Receipt this Period  
**500.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE**

Mailing Address **1101 Pennsylvania Avenue NW Suite 200**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C** **C00034405**

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 Y Y  
**06 / 27 / 2014**

Transaction ID : **SA12.28352**

Amount of Each Receipt this Period  
**2500.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**0.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

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)  
**WILLIAM LIGON**

Mailing Address **1600 BARTON SPRINGS RD**

City **AUSTIN** State **TX** Zip Code **78704**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **PRIVATE INVESTOR**

Receipt For: 2014  
 Primary     General  
 Other (specify)    Runoff

Election Cycle-to-Date **2600.00**

Date of Receipt  
**06 / 27 / 2014**

Transaction ID : **SA12.28361**

Amount of Each Receipt this Period  
**2600.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1101 King Street**  
**Suite 600**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
**06 / 27 / 2014**

Transaction ID : **SA12.28357**

Amount of Each Receipt this Period  
**5000.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address **100 Daingerfield Road**

City **Alexandria** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00030809**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
**06 / 27 / 2014**

Transaction ID : **SA12.28343**

Amount of Each Receipt this Period  
**4000.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**0.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 541
	<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>NISOURCE INC. PAC</b>		Date of Receipt 06 / 27 / 2014
Mailing Address 200 Civic Center Drive		Transaction ID : SA12.28371
City Columbus	State OH	Zip Code 43215
FEC ID number of contributing federal political committee. C C00051979	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	2014 Senators Classic Committee
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3125.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>OSHKOSH CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (OCEPAC)</b>		Date of Receipt 06 / 27 / 2014
Mailing Address P.O. Box 2566 2307 Oregon Street		Transaction ID : SA12.28341
City Oshkosh	State WI	Zip Code 54903
FEC ID number of contributing federal political committee. C C00304477	Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation	2014 Senators Classic Committee
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 7500.00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>PEPSICO, INC. CONCERNED CITIZENS FUND</b>		Date of Receipt 06 / 27 / 2014
Mailing Address 700 ANDERSON HILL ROAD		Transaction ID : SA12.28386
City PURCHASE	State NY	Zip Code 10577
FEC ID number of contributing federal political committee. C C00039321	Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation	2014 Senators Classic Committee
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Runoff	Election Cycle-to-Date 1500.00	[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 541
	<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)  
**PHILLIPS 66 PAC**

Mailing Address **670 ADAMS BUILDING**  
**411 SOUTH KEELER AVENUE**

City **BARTLESVILLE** State **OK** Zip Code **74003**

FEC ID number of contributing federal political committee. **C00513549**

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  
**06 / 27 / 2014**

Transaction ID : **SA12.28345**

Amount of Each Receipt this Period  
**1000.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**

Mailing Address **1900 K STREET NW**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C00107235**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **11500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

Transaction ID : **SA12.28337**

Amount of Each Receipt this Period  
**1500.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**SAFEWAY INC POLITICAL ACTION COMMITTEE (SAFEPAC)**

Mailing Address **5918 STONERIDGE MALL RD**

City **PLEASANTON** State **CA** Zip Code **94588**

FEC ID number of contributing federal political committee. **C00194084**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

Transaction ID : **SA12.28390**

Amount of Each Receipt this Period  
**1500.00**  
 2014 Senators Classic Committee

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**0.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** 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. **C C00144345**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date **5250.00**

Date of Receipt

**06 / 27 / 2014**

Transaction ID : **SA12.28384**

Amount of Each Receipt this Period

**1250.00**

2014 Senators Classic Committee

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
**TEXTRON INC POLITICAL ACTION COMMITTEE**

Mailing Address **40 WESTMINSTER STREET**

City State Zip Code  
**PROVIDENCE RI 02903**

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **5000.00**

Date of Receipt

**06 / 27 / 2014**

Transaction ID : **SA12.28368**

Amount of Each Receipt this Period

**500.00**

2014 Senators Classic Committee

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
**TEXTRON INC POLITICAL ACTION COMMITTEE**

Mailing Address **40 WESTMINSTER STREET**

City State Zip Code  
**PROVIDENCE RI 02903**

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff  
Election Cycle-to-Date **6500.00**

Date of Receipt

**06 / 27 / 2014**

Transaction ID : **SA12.28369**

Amount of Each Receipt this Period

**1500.00**

2014 Senators Classic Committee

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**0.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 541			
	<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)  
**THE CHUBB CORPORATION POLITICAL ACTION COMMITTEE-CHUBBPAC**

Mailing Address 15 Mountain View Road  
PO BOX 1651

City Warren State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 6000.00

Date of Receipt  
06 / 27 / 2014

Transaction ID : SA12.28381

Amount of Each Receipt this Period  
2500.00

2014 Senators Classic Committee

**[MEMO ITEM]**

**B.** 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 4500.00

Date of Receipt  
06 / 27 / 2014

Transaction ID : SA12.28346

Amount of Each Receipt this Period  
1000.00

2014 Senators Classic Committee

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION PAC)**

Mailing Address 1717 ARCH STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff

Election Cycle-to-Date 7500.00

Date of Receipt  
06 / 27 / 2014

Transaction ID : SA12.28393

Amount of Each Receipt this Period  
2500.00

2014 Senators Classic Committee

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

53604.74

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 541
	<input 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 checked="" type="checkbox"/> 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) Runoff

Election Cycle-to-Date  
6536.82

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : SA15.28242

Amount of Each Receipt this Period  
66.42

Interest Income

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

66.42

66.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. A2Z PRINTING**

Mailing Address 5468 NORTH STATE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.28515

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. A2Z PRINTING**

Mailing Address 5468 NORTH STATE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement  
Printing Services

Candidate Name

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

15593.40

Transaction ID : SB17.28516

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. A2Z PRINTING**

Mailing Address 5468 NORTH STATE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement  
Printing Services

Candidate Name

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

9406.60

Transaction ID : SB17.28517

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

29500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 541			
	<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. A COMPLETE FLAG SOURCE**

Mailing Address 5295 I 55 N

City JACKSON State MS Zip Code 39206

Purpose of Disbursement Campaign Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 05 / 2014

Amount of Each Disbursement this Period  
37.80

Transaction ID : SB17.28431

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. ALESHIA AGEE**

Mailing Address 414 COURTHOUSE RD

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
250.00

Transaction ID : SB17.30630

Full Name (Last, First, Middle Initial)  
**C. DARYL AGEE**

Mailing Address 414 COURTHOUSE RD

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
250.00

Transaction ID : SB17.30632

**SUBTOTAL** of Disbursements This Page (optional) ..... 500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 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. DWAIN ALFORD**

Mailing Address **5834 PERDIDO KEY LANE**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

Purpose of Disbursement  
**Door to Door GOTV Worker**

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  
**06 / 17 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.29851**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. DWAIN ALFORD**

Mailing Address **5834 PERDIDO KEY LANE**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

Purpose of Disbursement  
**GOTV - door to door**

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  
**06 / 19 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.30463**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. DWAIN ALFORD**

Mailing Address **5834 PERDIDO KEY LANE**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

Purpose of Disbursement  
**GOTV - DOOR TO DOOR**

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  
**06 / 19 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.30508**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... **225.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. DWAIN ALFORD**

Mailing Address 5834 PERDIDO KEY LANE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

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
06 / 20 / 2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.30529

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. DWAIN ALFORD**

Mailing Address 5834 PERDIDO KEY LANE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

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
06 / 21 / 2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.30497

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. RACHEL ALLEN**

Mailing Address 5247 SUFFOLK CIRCLE

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
Food/Beverage/Meal Reimbursement

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
06 / 12 / 2014

Amount of Each Disbursement this Period

252.99
--------

Transaction ID : SB17.27534

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

352.99
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**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 313 OF 541	
	<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. RACHEL ALLEN</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 5247 SUFFOLK CIRCLE		Amount of Each Disbursement this Period 2421.90 Transaction ID : SB17.27609
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GREGORY ALSTON</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 808 W. PINE ST.		Amount of Each Disbursement this Period 39.00 Transaction ID : SB17.27533
City HATTIESBURG State MS Zip Code 39401	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PRESTON ALSTON</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 110 CANDLEWICK RD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29061
City HATTIESBURG State MS Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	
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) .....	2485.90
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 314 OF 541

<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)

**A. PRESTON ALSTON**

Mailing Address 110 CANDLEWICK RD

Date of Disbursement

M M	D D	Y Y Y Y
06	16	2014

City State Zip Code  
HATTIESBURG MS 39402

Amount of Each Disbursement this Period

20.00
-------

Purpose of Disbursement  
Door to Door GOTV Worker

--

Transaction ID : SB17.29063

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Full Name (Last, First, Middle Initial)

**B. PRESTON ALSTON**

Mailing Address 110 CANDLEWICK RD

Date of Disbursement

M M	D D	Y Y Y Y
06	16	2014

City State Zip Code  
HATTIESBURG MS 39402

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Door to Door GOTV Worker

--

Transaction ID : SB17.29064

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Full Name (Last, First, Middle Initial)

**C. PRESTON ALSTON**

Mailing Address 110 CANDLEWICK RD

Date of Disbursement

M M	D D	Y Y Y Y
06	21	2014

City State Zip Code  
HATTIESBURG MS 39402

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Door to Door GOTV Worker

--

Transaction ID : SB17.29186

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....

70.00
-------

**TOTAL** This Period (last page this line number only).....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<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. PRESTON ALSTON**

Mailing Address 110 CANDLEWICK RD

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

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
06 / 21 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.29188

**B. PRESTON ALSTON**

Mailing Address 110 CANDLEWICK RD

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

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
06 / 23 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.29197

**C. PRESTON ALSTON**

Mailing Address 110 CANDLEWICK RD

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

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
06 / 23 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.29199

**SUBTOTAL** of Disbursements This Page (optional).....

75.00
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**TOTAL** This Period (last page this line number only).....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 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. SAMUEL ANDERSON**

Mailing Address 19221 CHAMPION CIRCLE

City GULFPORT      State MS      Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

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  
75.00

Transaction ID : SB17.30073

Category/Type

Full Name (Last, First, Middle Initial)  
**B. DYLAN ANTHONY**

Mailing Address 5180 MEADOW POINT DRIVE

City SOUTHAVEN      State MS      Zip Code 38672

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29570

Category/Type

Full Name (Last, First, Middle Initial)  
**C. DYLAN ANTHONY**

Mailing Address 5180 MEADOW POINT DRIVE

City SOUTHAVEN      State MS      Zip Code 38672

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.28981

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 317 OF 541	
	<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. DYLAN ANTHONY</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 5180 MEADOW POINT DRIVE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29161
City SOUTHAVEN State MS Zip Code 38672	Purpose of Disbursement Door to Door GOTV Worker	
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. DYLAN ANTHONY</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 5180 MEADOW POINT DRIVE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29234
City SOUTHAVEN State MS Zip Code 38672	Purpose of Disbursement Door to Door GOTV Worker	
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. ARTIE ARMSTRONG</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 6655 LYNDON B. JOHNSON DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.28294
City JACKSON State MS Zip Code 39213	Purpose of Disbursement GOTV - door to door	
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).....	2050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 541			
	<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. TINA ARNOLD**

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

Mailing Address 267 LAKE CIRCLE

City MADISON State MS Zip Code 39110

Purpose of Disbursement  
GOTV - door to door, distribute signs, organize volunteers

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
1600.00

Transaction ID : SB17.27935

Category/Type

Full Name (Last, First, Middle Initial)  
**B. WARREN ASHMORE**

Date of Disbursement  
MM / DD / YYYY  
06 / 23 / 2014

Mailing Address 105 NOBLE DRIVE

City BROOKHAVEN State MS Zip Code 39603

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
670.00

Transaction ID : SB17.28582

Category/Type

Full Name (Last, First, Middle Initial)  
**C. HUNTER AULTMAN**

Date of Disbursement  
MM / DD / YYYY  
06 / 23 / 2014

Mailing Address 10 MOCKINGBIRD LANE

City PETAL State MS Zip Code 39465

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
25.00

Transaction ID : SB17.29151

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 2295.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 319 OF 541	
	<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. AVIS**

Full Name (Last, First, Middle Initial)

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement Campaign Travel

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 340.00

Transaction ID : SB17.28491

[MEMO ITEM]

**B. ISHMAEL BALDWIN**

Full Name (Last, First, Middle Initial)

Mailing Address 500 W COUNTY LINE RD

City TOUGALOO State MS Zip Code 39174

Purpose of Disbursement Door to Door GOTV Worker

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 115.00

Transaction ID : SB17.28687

**C. BREANNA BARTHONOVICH**

Full Name (Last, First, Middle Initial)

Mailing Address 14938 ARTHUR AVE

City VANCLEAVE State MS Zip Code 39565

Purpose of Disbursement Door to Door GOTV Worker

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 25.00

Transaction ID : SB17.29588

**SUBTOTAL** of Disbursements This Page (optional)..... 140.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 541			
	<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. BREANNA BARHONOVICH</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 06 / 14 / 2014
Mailing Address 14938 ARTHUR AVE		Amount of Each Disbursement this Period 50.00
City VANCLEAVE	State MS	
Zip Code 39565	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29613
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. BREANNA BARHONOVICH</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 06 / 15 / 2014
Mailing Address 14938 ARTHUR AVE		Amount of Each Disbursement this Period 75.00
City VANCLEAVE	State MS	
Zip Code 39565	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29628
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. BREANNA BARHONOVICH</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 06 / 16 / 2014
Mailing Address 14938 ARTHUR AVE		Amount of Each Disbursement this Period 50.00
City VANCLEAVE	State MS	
Zip Code 39565	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29658
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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 321 OF 541	
	<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. BREANNA BARHONOVICH</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 14938 ARTHUR AVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29686
City VANCLEAVE	State MS	
Zip Code 39565	Purpose of Disbursement Door to Door GOTV Worker	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. BREANNA BARHONOVICH</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 14938 ARTHUR AVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29744
City VANCLEAVE	State MS	
Zip Code 39565	Purpose of Disbursement Door to Door GOTV Worker	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. BREANNA BARHONOVICH</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 14938 ARTHUR AVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29779
City VANCLEAVE	State MS	
Zip Code 39565	Purpose of Disbursement Door to Door GOTV Worker	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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 541			
	<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. BREANNA BARHONOVICH**

Full Name (Last, First, Middle Initial)

Mailing Address 14938 ARTHUR AVE

City VANCELEAVE State MS Zip Code 39565

Purpose of Disbursement GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 19 / 2014

Amount of Each Disbursement this Period 75.00

Transaction ID : SB17.30478

**B. BREANNA BARHONOVICH**

Full Name (Last, First, Middle Initial)

Mailing Address 14938 ARTHUR AVE

City VANCELEAVE State MS Zip Code 39565

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 20 / 2014

Amount of Each Disbursement this Period 75.00

Transaction ID : SB17.29793

**C. BREANNA BARHONOVICH**

Full Name (Last, First, Middle Initial)

Mailing Address 14938 ARTHUR AVE

City VANCELEAVE State MS Zip Code 39565

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 20 / 2014

Amount of Each Disbursement this Period 75.00

Transaction ID : SB17.30549

**SUBTOTAL** of Disbursements This Page (optional)..... 225.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 OF 541  
(check only one)  
 17     18     19a     19b  
20a    20b    20c    21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. BREANNA BARHONOVICH**

Full Name (Last, First, Middle Initial)

Mailing Address 14938 ARTHUR AVE

City VANCLEAVE State MS Zip Code 39565

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.30507

**B. BREANNA BARHONOVICH**

Full Name (Last, First, Middle Initial)

Mailing Address 14938 ARTHUR AVE

City VANCLEAVE State MS Zip Code 39565

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 23 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.30566

**C. BREANNA BARHONOVICH**

Full Name (Last, First, Middle Initial)

Mailing Address 14938 ARTHUR AVE

City VANCLEAVE State MS Zip Code 39565

Purpose of Disbursement GOTV - DOOR TO DOOR

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: 20.00

Transaction ID : SB17.30597

**SUBTOTAL** of Disbursements This Page (optional)..... 170.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 541			
	<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. COURTLAND BARNES</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1915 42ND AVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29822
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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. COURTLAND BARNES</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1915 42ND AVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29862
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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. COURTLAND BARNES</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1915 42ND AVE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29902
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 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. COURTLAND BARNES**

Mailing Address 1915 42ND AVE

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 21 / 2014

Amount of Each Disbursement this Period 25.00

Transaction ID : SB17.30052

Category/Type

Full Name (Last, First, Middle Initial)  
**B. DANIELLE BERGERON**

Mailing Address 3406 HERMITAGE COURT

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 21 / 2014

Amount of Each Disbursement this Period 175.00

Transaction ID : SB17.30027

Category/Type

Full Name (Last, First, Middle Initial)  
**C. CHRIS BERMOND**

Mailing Address 88494 LAKESHORE RD

City BAY ST LOUIS State MS Zip Code 39520

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 20 / 2014

Amount of Each Disbursement this Period 75.00

Transaction ID : SB17.30170

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 275.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 541
	<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. CHRIS BERMOND**

Full Name (Last, First, Middle Initial)

Mailing Address 88494 LAKESHORE RD

City BAY ST LOUIS State MS Zip Code 39520

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 95.00

Transaction ID : SB17.30200

Category/Type

**B. BEST WESTERN**

Full Name (Last, First, Middle Initial)

Mailing Address 1004 TOP ST

City FLOWOOD State MS Zip Code 39232

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 13 / 2014

Amount of Each Disbursement this Period: 239.78

Transaction ID : SB17.28448

[MEMO ITEM]

Category/Type

**C. RICKY BISHOP**

Full Name (Last, First, Middle Initial)

Mailing Address 413-B SANTA ANITA DR

City STARKVILLE State MS Zip Code 39759

Purpose of Disbursement Mileage reimbursement, food, beverage,

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 1072.45

Transaction ID : SB17.27543

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 1167.45

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 327 OF 541		
	<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. LEE E. BLAIR</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 376 CLARINGTON DR		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.27947
City SOUTHAVEN	State MS	
Zip Code 38671	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 type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29623
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29648
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 541			
	<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. CYNTHIA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29755
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. CYNTHIA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29762
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. CYNTHIA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29774
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 541			
	<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. LANA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29625
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. LANA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29650
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. LANA BLANCHARD</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 7679 MADISON DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29673
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 541			
	<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. LANA BLANCHARD**

Mailing Address 7679 MADISON DRIVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.29753

Category/Type

Full Name (Last, First, Middle Initial)  
**B. LANA BLANCHARD**

Mailing Address 7679 MADISON DRIVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29758

Category/Type

Full Name (Last, First, Middle Initial)  
**C. LANA BLANCHARD**

Mailing Address 7679 MADISON DRIVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29771

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 175.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 331 OF 541	
	<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. JAKE BLANK</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 3001 EGYPTIAN LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29717
City BILOXI	State MS	
Zip Code 39530	Purpose of Disbursement Door to Door GOTV Worker	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. JAKE BLANK</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3001 EGYPTIAN LANE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29933
City BILOXI	State MS	
Zip Code 39530	Purpose of Disbursement Door to Door GOTV Worker	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. JAKE BLANK</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 3001 EGYPTIAN LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30062
City BILOXI	State MS	
Zip Code 39530	Purpose of Disbursement Door to Door GOTV Worker	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).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 332 OF 541	
	<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. JAKE BLANK</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 3001 EGYPTIAN LANE		Amount of Each Disbursement this Period 25.00
City BILOXI	State MS	
Zip Code 39530	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.30078
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. JEFFREY BOGAN</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address P.O. BOX 1234		Amount of Each Disbursement this Period 600.00
City WAYNESBORO	State MS	
Zip Code 39367	Purpose of Disbursement GOTV - door to door	Transaction ID : SB17.28312
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. BRITTNIE BOSARGE</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 6217 W FORREST STREET		Amount of Each Disbursement this Period 130.00
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.30228
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) .....	755.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 333 OF 541	
	<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. BREAZEALE SAUNDERS & O'NEIL LTD**

Mailing Address P.O. BOX 80

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Accounting services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 23 / 2014

Amount of Each Disbursement this Period: 615.01

Transaction ID : SB17.27589

Category/Type

Full Name (Last, First, Middle Initial)  
**B. BROAD STREET BAKING CO.**

Mailing Address 4465 I-55 N. #101

City JACKSON State MS Zip Code 39206

Purpose of Disbursement Campaign Staff meals

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: 215.00

Transaction ID : SB17.28449

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)  
**C. BROMAS DELI**

Mailing Address 1722 VETERANS BLVD C1

City McCOMB State MS Zip Code 39648

Purpose of Disbursement Campaign Staff 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: 22.75

Transaction ID : SB17.28494

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 615.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 OF 541			
	<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. JADA BROOKS</b>		Date of Disbursement						
Mailing Address 9305 MARTIN AVE		<table border="1"><tr><td>M M M</td><td>D D D</td><td>Y Y Y Y Y Y</td></tr><tr><td>06</td><td>20</td><td>2014</td></tr></table>	M M M	D D D	Y Y Y Y Y Y	06	20	2014
M M M	D D D	Y Y Y Y Y Y						
06	20	2014						
City OCEAN SPRINGS	State MS	Zip Code 39564						
Purpose of Disbursement GOTV - DOOR TO DOOR	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>100.00</td></tr></table>		Amount of Each Disbursement this Period	100.00				
Amount of Each Disbursement this Period								
100.00								
Candidate Name	Transaction ID : SB17.30547							
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	Category/ Type						
State: District:								

Full Name (Last, First, Middle Initial) <b>B. JADA BROOKS</b>		Date of Disbursement						
Mailing Address 9305 MARTIN AVE		<table border="1"><tr><td>M M M</td><td>D D D</td><td>Y Y Y Y Y Y</td></tr><tr><td>06</td><td>21</td><td>2014</td></tr></table>	M M M	D D D	Y Y Y Y Y Y	06	21	2014
M M M	D D D	Y Y Y Y Y Y						
06	21	2014						
City OCEAN SPRINGS	State MS	Zip Code 39564						
Purpose of Disbursement GOTV - DOOR TO DOOR	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>50.00</td></tr></table>		Amount of Each Disbursement this Period	50.00				
Amount of Each Disbursement this Period								
50.00								
Candidate Name	Transaction ID : SB17.30509							
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	Category/ Type						
State: District:								

Full Name (Last, First, Middle Initial) <b>C. JADA BROOKS</b>		Date of Disbursement						
Mailing Address 9305 MARTIN AVE		<table border="1"><tr><td>M M M</td><td>D D D</td><td>Y Y Y Y Y Y</td></tr><tr><td>06</td><td>23</td><td>2014</td></tr></table>	M M M	D D D	Y Y Y Y Y Y	06	23	2014
M M M	D D D	Y Y Y Y Y Y						
06	23	2014						
City OCEAN SPRINGS	State MS	Zip Code 39564						
Purpose of Disbursement GOTV - DOOR TO DOOR	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>75.00</td></tr></table>		Amount of Each Disbursement this Period	75.00				
Amount of Each Disbursement this Period								
75.00								
Candidate Name	Transaction ID : SB17.30569							
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	Category/ Type						
State: District:								

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"><tr><td>225.00</td></tr></table>	225.00
225.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE 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. BRADEN BROWN**

Mailing Address 14510 LEMOYNE BOULEVARD  
APT 2203

City BILOXI State MS Zip Code 39532

Purpose of Disbursement  
GOTV - DOOR TO DOOR

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
06			23			2014			

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.30573

Full Name (Last, First, Middle Initial)

**B. CRAIG BROWN**

Mailing Address 3392 STAPLES COVE

City BARTLETT State TN Zip Code 38135

Purpose of Disbursement  
In-kind - Postage

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
06			06			2014			

Amount of Each Disbursement this Period

386.88

Transaction ID : SB17.27528

Full Name (Last, First, Middle Initial)

**C. GEORGE BROWN**

Mailing Address 8603 HWY 613

City MOSS POINT State MS Zip Code 39562

Purpose of Disbursement  
GOTV - DOOR TO DOOR

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
06			20			2014			

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.30652

**SUBTOTAL** of Disbursements This Page (optional).....

686.88

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 336 OF 541	
	<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. JASON KYLE BROWN**

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

Mailing Address 102 MEADOWVIEW RIDGE

City State Zip Code  
BRANDON MS 39047

Purpose of Disbursement  
GOTV - door to door, distribute signs, organize volunteers

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
2500.00

Transaction ID : SB17.27943

Category/Type

Full Name (Last, First, Middle Initial)  
**B. THELMA BROWN**

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Mailing Address 8603 HWY 613

City State Zip Code  
MOSS POINT MS 39562

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
250.00

Transaction ID : SB17.30650

Category/Type

Full Name (Last, First, Middle Initial)  
**C. MARY HAWKINS BUTLER**

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Mailing Address 1004 MADISON AVE

City State Zip Code  
MADISON MS 39110

Purpose of Disbursement  
In-kind - Printing - signs

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
413.10

Transaction ID : SB17.32606

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 3163.10

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 337 OF 541

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. CABOT LODGE MILLSAPS**

Mailing Address 2375 NORTH STATE STREET

City JACKSON State MS Zip Code 39202

Purpose of Disbursement  
Lodging Campaign Staffer

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
06 / 02 / 2014

Amount of Each Disbursement this Period

127.29
--------

Transaction ID : SB17.28405

[MEMO ITEM]

**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) Runoff

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 16 / 2014

Amount of Each Disbursement this Period

7389.36
---------

Transaction ID : SB17.28271

**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) Runoff

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 24 / 2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.28261

**SUBTOTAL** of Disbursements This Page (optional).....

12389.36

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 541			
	<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. ERIC CARLIYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 3466 KENDALL CIRCLE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29875
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. ERIC CARLIYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 3466 KENDALL CIRCLE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29892
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. ERIC CARLIYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3466 KENDALL CIRCLE		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.29966
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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)

**A. ERIC CARLIYLE**

Mailing Address 3466 KENDALL CIRCLE

City State Zip Code  
GULFPORT MS 39507

Purpose of Disbursement  
Door to Door GOTV Worker

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
06 / 21 / 2014

Amount of Each Disbursement this Period

90.00
-------

Transaction ID : SB17.30039

Category/ Type
-------------------

Full Name (Last, First, Middle Initial)

**B. MOISES CASTRO**

Mailing Address 7942 DELTA LAKES

City State Zip Code  
WALLS MS 38680

Purpose of Disbursement  
Door to Door GOTV Worker

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
06 / 18 / 2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.29165

Category/ Type
-------------------

Full Name (Last, First, Middle Initial)

**C. MOISES CASTRO**

Mailing Address 7942 DELTA LAKES

City State Zip Code  
WALLS MS 38680

Purpose of Disbursement  
Door to Door GOTV Worker

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
06 / 18 / 2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.29238

Category/ Type
-------------------

**SUBTOTAL** of Disbursements This Page (optional).....

190.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 541		
	<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. CATALINA SEAFOOD</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1925 DENNY AVE		Amount of Each Disbursement this Period 123.81 Transaction ID : SB17.28564 <b>[MEMO ITEM]</b>
City PASCAGOULA	State MS	
Zip Code 39567	Purpose of Disbursement Food/Beverage - campaign workers	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. CHICK FIL A</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 1065 E COUNTY LINE RD		Amount of Each Disbursement this Period 98.43 Transaction ID : SB17.28432 <b>[MEMO ITEM]</b>
City JACKSON	State MS	
Zip Code 39211	Purpose of Disbursement Campaign Staff 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. HEATHER CHOPIN</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 37 PINE BARK COVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29142
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 541
	<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. DAVID CLANTON**

Date of Disbursement: MM / DD / YYYY  
06 / 12 / 2014

Mailing Address P.O. BOX 463

City MEADVILLE State MS Zip Code 39653

Purpose of Disbursement: Mileage reimbursement, lodging, meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period: 1348.94

Transaction ID : SB17.27556

Category/Type

Full Name (Last, First, Middle Initial)  
**B. DAVID CLANTON**

Date of Disbursement: MM / DD / YYYY  
06 / 12 / 2014

Mailing Address P.O. BOX 463

City MEADVILLE State MS Zip Code 39653

Purpose of Disbursement: Mileage reimbursement, meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period: 3491.80

Transaction ID : SB17.27557

Category/Type

Full Name (Last, First, Middle Initial)  
**C. KEIONDRE CLARK**

Date of Disbursement: MM / DD / YYYY  
06 / 20 / 2014

Mailing Address 3501 35TH STREET

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement: Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.29941

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 4865.74

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. KEIONDRE CLARK**

Full Name (Last, First, Middle Initial)

Mailing Address 3501 35TH STREET

City GULFPORT      State MS      Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.30037

Category/Type

**B. JAMES PATE CLEARMAN**

Full Name (Last, First, Middle Initial)

Mailing Address 3707 QUEEN ELIZABETH DRIVE

City OCEAN SPRINGS      State MS      Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

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: 50.00

Transaction ID : SB17.29633

Category/Type

**C. JAMES PATE CLEARMAN**

Full Name (Last, First, Middle Initial)

Mailing Address 3707 QUEEN ELIZABETH DRIVE

City OCEAN SPRINGS      State MS      Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.29693

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 175.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 343 OF 541	
	<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. JAMES PATE CLEARMAN</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014	
Mailing Address 3707 QUEEN ELIZABETH DRIVE		Amount of Each Disbursement this Period 50.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29731
Purpose of Disbursement Door to Door GOTV Worker		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. JAMES PATE CLEARMAN</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 3707 QUEEN ELIZABETH DRIVE		Amount of Each Disbursement this Period 25.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29769
Purpose of Disbursement Door to Door GOTV Worker		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. JOHN CLEARMAN</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014	
Mailing Address 3707 QUEEN ELIZABETH DRIVE		Amount of Each Disbursement this Period 25.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29692
Purpose of Disbursement Door to Door GOTV Worker		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).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 541			
	<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 CLEARMAN</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 3707 QUEEN ELIZABETH DRIVE		Amount of Each Disbursement this Period 25.00
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. CLEARVIEW</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 210 EAST CAPITOL ST		Amount of Each Disbursement this Period 25000.00
City JACKSON	State MS	
Zip Code 39201	Purpose of Disbursement Database 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. CLEARVIEW</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 210 EAST CAPITOL ST		Amount of Each Disbursement this Period 10000.00
City JACKSON	State MS	
Zip Code 39201	Purpose of Disbursement Database 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).....	35025.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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. JESSICA CLOYD</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 433 E. BEACH BLVD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.32627
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement In-kind - 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JOE CLOYD</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 433 E. BEACH BLVD		Amount of Each Disbursement this Period 1168.99 Transaction ID : SB17.27539
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Mileage Reimbursement/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>C. JOE CLOYD</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 433 E. BEACH BLVD		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.32624
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement In-kind - 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6368.99
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 541			
	<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. TREXTON COLEMAN</b>		Date of Disbursement
Mailing Address 1820 WOBLE ROAD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City OCEAN SPRINGS	State MS	Zip Code 39564
Purpose of Disbursement GOTV - DOOR TO DOOR	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="75.00"/>
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

Full Name (Last, First, Middle Initial) <b>B. TREXTON COLEMAN</b>		Date of Disbursement
Mailing Address 1820 WOBLE ROAD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City OCEAN SPRINGS	State MS	Zip Code 39564
Purpose of Disbursement GOTV - DOOR TO DOOR	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="75.00"/>
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

Full Name (Last, First, Middle Initial) <b>C. TREXTON COLEMAN</b>		Date of Disbursement
Mailing Address 1820 WOBLE ROAD		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City OCEAN SPRINGS	State MS	Zip Code 39564
Purpose of Disbursement GOTV - DOOR TO DOOR	Candidate Name	Amount of Each Disbursement this Period <input type="text" value="75.00"/>
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).....	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. TREXTON COLEMAN**

Mailing Address 1820 WOBLE ROAD

City State Zip Code  
OCEAN SPRINGS MS 39564

Purpose of Disbursement  
GOTV - door to door

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
06			21			2014			

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.30494

Full Name (Last, First, Middle Initial)

**B. KEVIN COLLUM**

Mailing Address 4564 APRIL DR

City State Zip Code  
SOUTHAVEN MS 39571

Purpose of Disbursement  
Door to Door GOTV Worker

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
06			20			2014			

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.29175

Full Name (Last, First, Middle Initial)

**C. COMCAST OF JACKSON**

Mailing Address 380 S. LAMAR

City State Zip Code  
JACKSON MS 39201

Purpose of Disbursement  
Internet/Telephones

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
06			13			2014			

Amount of Each Disbursement this Period

658.97

Transaction ID : SB17.28454

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

125.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 348 OF 541			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. COURTYARD BY MARRIOTT**

Mailing Address 1600 E. BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 02 / 2014

Amount of Each Disbursement this Period: 144.48

Transaction ID : SB17.28408

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. COURTYARD BY MARRIOTT**

Mailing Address 1600 E. BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 02 / 2014

Amount of Each Disbursement this Period: 144.48

Transaction ID : SB17.28409

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. COURTYARD BY MARRIOTT**

Mailing Address 1600 E. BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 02 / 2014

Amount of Each Disbursement this Period: 144.48

Transaction ID : SB17.28410

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. COURTYARD BY MARRIOTT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 E. BEACH BLVD.

City State Zip Code  
GULFPORT MS 39501

Purpose of Disbursement  
Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 02 / 2014

Amount of Each Disbursement this Period  
144.48

Transaction ID : SB17.28411

[MEMO ITEM]

**B. COURTYARD BY MARRIOTT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1600 E. BEACH BLVD.

City State Zip Code  
GULFPORT MS 39501

Purpose of Disbursement  
Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 02 / 2014

Amount of Each Disbursement this Period  
144.48

Transaction ID : SB17.28412

[MEMO ITEM]

**C. WILL T. CRAFT**

Full Name (Last, First, Middle Initial)  
Mailing Address 116 PARK LANE

City State Zip Code  
BRANDON MS 39047

Purpose of Disbursement  
GOTV - door to door, distribute signs, organize volunteers

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Disbursement this Period  
1500.00

Transaction ID : SB17.27949

**SUBTOTAL** of Disbursements This Page (optional)..... 1500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 541
	<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. ZACH CRAFT**

Mailing Address 421 WAINWRIGHT ST

City WAVELAND State MS Zip Code 39576

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30169

Category/Type

Full Name (Last, First, Middle Initial)  
**B. ZACH CRAFT**

Mailing Address 421 WAINWRIGHT ST

City WAVELAND State MS Zip Code 39576

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.30199

Category/Type

Full Name (Last, First, Middle Initial)  
**C. ZACH CRAFT**

Mailing Address 421 WAINWRIGHT ST

City WAVELAND State MS Zip Code 39576

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30233

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 200.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 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. SAVANNAH CREW**

Mailing Address 3714 CABILDO PLACE

City State Zip Code  
OCEAN SPRINGS MS 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.29598

Full Name (Last, First, Middle Initial)

**B. SAVANNAH CREW**

Mailing Address 3714 CABILDO PLACE

City State Zip Code  
OCEAN SPRINGS MS 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.30531

Full Name (Last, First, Middle Initial)

**C. JOHN CRUZ**

Mailing Address 62 DAVIS WOODS DRIVE

City State Zip Code  
OCEAN SPRINGS MS 39564

Purpose of Disbursement  
GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.30476

**SUBTOTAL** of Disbursements This Page (optional).....

150.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. JOHN CRUZ</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 62 DAVIS WOODS DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30534
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JOHN CRUZ</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 62 DAVIS WOODS DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30502
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JOHN CRUZ</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 62 DAVIS WOODS DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30571
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 541			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. C SPIRE WIRELESS**

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) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Amount of Each Disbursement this Period  
193.64

Transaction ID : SB17.27554

Category/Type

Full Name (Last, First, Middle Initial)  
**B. C SPIRE WIRELESS**

Mailing Address P.O. BOX 519

City MEADVILLE State MS Zip Code 39653

Purpose of Disbursement  
Phone bank

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 27 / 2014

Amount of Each Disbursement this Period  
1119.01

Transaction ID : SB17.28216

Category/Type

Full Name (Last, First, Middle Initial)  
**C. BOBBY CURTINDALE**

Mailing Address 17195 CARNATION STREET

City GULFPORT State MS Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
35.00

Transaction ID : SB17.29942

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 1347.65

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. BOBBY CURTINDALE**

Full Name (Last, First, Middle Initial)

Mailing Address 17195 CARNATION STREET

City GULFPORT State MS Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

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  
06 / 21 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29969

Category/Type

**B. BOBBY CURTINDALE**

Full Name (Last, First, Middle Initial)

Mailing Address 17195 CARNATION STREET

City GULFPORT State MS Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

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  
06 / 22 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30038

Category/Type

**C. MALEK DAGHESKANI**

Full Name (Last, First, Middle Initial)

Mailing Address 820 BRENTWOOD CV

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Door to Door GOTV Worker

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  
06 / 16 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.29384

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 200.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 OF 541			
	<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. MALEK DAGHESKANI</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 820 BRENTWOOD CV		Amount of Each Disbursement this Period 25.00	
City OXFORD	State MS	Zip Code 38655	Transaction ID : SB17.29390
Purpose of Disbursement Door to Door GOTV Worker		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. MALEK DAGHESKANI</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 820 BRENTWOOD CV		Amount of Each Disbursement this Period 75.00	
City OXFORD	State MS	Zip Code 38655	Transaction ID : SB17.29396
Purpose of Disbursement Door to Door GOTV Worker		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. MALEK DAGHESKANI</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 820 BRENTWOOD CV		Amount of Each Disbursement this Period 75.00	
City OXFORD	State MS	Zip Code 38655	Transaction ID : SB17.29404
Purpose of Disbursement Door to Door GOTV Worker		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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 541		
	<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. MARTHA DALRYMPLE</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address P.O. BOX 210		Amount of Each Disbursement this Period 708.00 Transaction ID : SB17.27527
City AMORY	State MS	
Zip Code 38821	Purpose of Disbursement In-kind - Advertising	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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29057
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29076
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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).....	808.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 357 OF 541			
	<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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29086
City HATTIESBURG State MS Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	
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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29099
City HATTIESBURG State MS Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	
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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29114
City HATTIESBURG State MS Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	
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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 358 OF 541			
	<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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29123
City HATTIESBURG State MS Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	
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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29136
City HATTIESBURG State MS Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	
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. DEBI DAVENPORT</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 601 COURT STREET SUITE 101		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29147
City HATTIESBURG State MS Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	
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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 541
	<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. DEBI DAVENPORT**

Date of Disbursement  
MM / DD / YYYY  
06 / 23 / 2014

Mailing Address 601 COURT STREET  
SUITE 101

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29155

Category/Type

Full Name (Last, First, Middle Initial)  
**B. WINDLE DAVIS**

Date of Disbursement  
MM / DD / YYYY  
06 / 15 / 2014

Mailing Address 600 S. ADAMS ST.

City FULTON State MS Zip Code 38843

Purpose of Disbursement  
In-kind - Auto Lease

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
800.00

Transaction ID : SB17.27514

Category/Type

Full Name (Last, First, Middle Initial)  
**C. TISHAWN DAWSON**

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Mailing Address 6721 TCHLUHOMA

City SOUTHAVEN State MS Zip Code 38671

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29568

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 900.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 360 OF 541	
	<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. TISHAWN DAWSON**

Full Name (Last, First, Middle Initial)

Mailing Address 6721 TCHLUHOMA

City SOUTHAVEN State MS Zip Code 38671

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.29617

Category/Type

**B. DELTA AIR LINES**

Full Name (Last, First, Middle Initial)

Mailing Address 100 INTERNATIONAL DRIVE

City JACKSON State MS Zip Code 39208

Purpose of Disbursement Travel Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 09 / 2014

Amount of Each Disbursement this Period: 202.00

Transaction ID : SB17.28440

[MEMO ITEM]

Category/Type

**C. DELTA AIR LINES**

Full Name (Last, First, Middle Initial)

Mailing Address 100 INTERNATIONAL DRIVE

City JACKSON State MS Zip Code 39208

Purpose of Disbursement Travel Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period: 771.00

Transaction ID : SB17.28489

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 50.00

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 361 OF 541	
	<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. JACOB DIAZ</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 5120 WHETSTONE ROAD		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.29833
City BILOXI	State MS	
Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	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. JACOB DIAZ</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 5120 WHETSTONE ROAD		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.29858
City BILOXI	State MS	
Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	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. JACOB DIAZ</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 5120 WHETSTONE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29894
City BILOXI	State MS	
Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	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).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 362 OF 541			
	<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. JACOB DIAZ**

Mailing Address 5120 WHETSTONE ROAD

City BILOXI State MS Zip Code 39532

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29970

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JACOB DIAZ**

Mailing Address 5120 WHETSTONE ROAD

City BILOXI State MS Zip Code 39532

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

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  
95.00

Transaction ID : SB17.30063

Category/Type

Full Name (Last, First, Middle Initial)  
**C. DARRYL DIXON**

Mailing Address 1442 SHADY LANE

City CLARKSDALE State MS Zip Code 39614

Purpose of Disbursement  
GOTV - door to door, distribute signs, organize volunteers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Disbursement this Period  
2500.00

Transaction ID : SB17.27937

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 2645.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 363 OF 541	
	<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. JAKE DOWNS**

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.28973

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JAKE DOWNS**

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.28976

Category/Type

Full Name (Last, First, Middle Initial)  
**C. JAKE DOWNS**

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29574

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 364 OF 541			
	<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. JAKE DOWNS**

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.28980

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JAKE DOWNS**

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 15 / 2014

Amount of Each Disbursement this Period  
100.00

Transaction ID : SB17.28990

Category/Type

Full Name (Last, First, Middle Initial)  
**C. JAKE DOWNS**

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
100.00

Transaction ID : SB17.28998

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 250.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 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. JAKE DOWNS**

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH      State MS      Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29159

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JAKE DOWNS**

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH      State MS      Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29232

Category/Type

Full Name (Last, First, Middle Initial)  
**C. JAKE DOWNS**

Mailing Address 3391 SHADY OAKS DRIVE

City OLIVE BRANCH      State MS      Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29180

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 150.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 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. ALEC EDWARDS**

Mailing Address 3619 MEADOWLARK

City GULFPORT    State MS    Zip Code 39501

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:    District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
250.00

Transaction ID : SB17.30638

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JEREMY EDWARDS**

Mailing Address 3619 MEADOWLARK

City GULFPORT    State MS    Zip Code 39501

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:    District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
250.00

Transaction ID : SB17.30640

Category/Type

Full Name (Last, First, Middle Initial)  
**C. EMMIT CONSULTING, LLC**

Mailing Address 3402 WEST ADELINE STREET

City HATTIESBURG    State MS    Zip Code 39402

Purpose of Disbursement  
GOTV - door to door, distribute signs, organize volunteers

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:    District:

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Disbursement this Period  
1500.00

Transaction ID : SB17.27941

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 367 OF 541			
	<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. WILLIAM FAGGERT**

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Mailing Address P.O. BOX 505

City Heidelberg State MS Zip Code 39439

Purpose of Disbursement  
Mileage reimbursement, food, beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
1923.76

Transaction ID : SB17.27548

Category/Type

Full Name (Last, First, Middle Initial)  
**B. LAUREN FARRIOR-GLASER**

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Mailing Address 7875 ESSAYONS

City Southaven State MS Zip Code 38672

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29182

Category/Type

Full Name (Last, First, Middle Initial)  
**C. MELISSA FAY**

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Mailing Address 965 E 2ND STREET

City Pass Christian State MS Zip Code 39571

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.30189

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 2023.76

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 368 OF 541			
	<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. MELISSA FAY</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 965 E 2ND STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30195
City PASS CHRISTIAN	State MS	
Zip Code 39571	Purpose of Disbursement Door to Door GOTV Worker	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. MELISSA FAY</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 965 E 2ND STREET		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.30215
City PASS CHRISTIAN	State MS	
Zip Code 39571	Purpose of Disbursement Door to Door GOTV Worker	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. JOSH FAYARD</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 6257 TENASON DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29647
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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) .....	190.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 369 OF 541
	<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. JOSH FAYARD**

Full Name (Last, First, Middle Initial)

Mailing Address 6257 TENASON DRIVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.29752

Category/Type

**B. FEDERAL EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement Delivery service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 5.68

Transaction ID : SB17.27552

Category/Type

**C. FEDERAL EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement Delivery service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 694.80

Transaction ID : SB17.27553

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 775.48

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. FEDERAL EXPRESS**

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement  
Delivery service

Candidate Name

Category/  
Type

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
06 / 23 / 2014

Amount of Each Disbursement this Period

5.68
------

Transaction ID : SB17.27587

Full Name (Last, First, Middle Initial)

**B. DEREK B. FERGUSON**

Mailing Address 5512 AHONI STREET

City DIAMONDHEAD State MS Zip Code 39525

Purpose of Disbursement  
GOTV - door to door, distribute signs, organize volunteers

Candidate Name

Category/  
Type

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
06 / 25 / 2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.27939

Full Name (Last, First, Middle Initial)

**C. STEVIE FIELDER**

Mailing Address 1820 38 ST

City MERIDIAN State MS Zip Code 39305

Purpose of Disbursement  
Door to Door GOTV Worker Transportation

Candidate Name

Category/  
Type

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
06 / 21 / 2014

Amount of Each Disbursement this Period

300.00
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Transaction ID : SB17.28731

**SUBTOTAL** of Disbursements This Page (optional).....

2805.68

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 371 OF 541

<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. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29610
City GAUTIER	State MS	
Zip Code 39553	Purpose of Disbursement Door to Door GOTV Worker	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. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29614
City GAUTIER	State MS	
Zip Code 39553	Purpose of Disbursement Door to Door GOTV Worker	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. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29620
City GAUTIER	State MS	
Zip Code 39553	Purpose of Disbursement Door to Door GOTV Worker	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).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 372 OF 541			
	<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. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 75.00
City GAUTIER	State MS	
Zip Code 39553	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29641
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. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 175.00
City GAUTIER	State MS	
Zip Code 39553	Purpose of Disbursement GOTV - door to door	Transaction ID : SB17.30482
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. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 75.00
City GAUTIER	State MS	
Zip Code 39553	Purpose of Disbursement GOTV - DOOR TO DOOR	Transaction ID : SB17.30518
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).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 373 OF 541			
	<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. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30517
City GAUTIER	State MS	
Zip Code 39553	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.30588
City GAUTIER	State MS	
Zip Code 39553	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MADISON FLETCHER</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1825 BONSECUR COVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30587
City GAUTIER	State MS	
Zip Code 39553	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 374 OF 541			
	<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. FLS CONNECT, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 7300 HUDSON BLVD SUITE 270		Amount of Each Disbursement this Period 300.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement Recorded Phone Drop	
Candidate Name	Category/Type	Transaction ID : SB17.28401
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FLS CONNECT, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 7300 HUDSON BLVD SUITE 270		Amount of Each Disbursement this Period 300.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement Recorded Phone Drop	
Candidate Name	Category/Type	Transaction ID : SB17.28403
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FLS CONNECT, LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 7300 HUDSON BLVD SUITE 270		Amount of Each Disbursement this Period 20000.00
City ST PAUL State MN Zip Code 55128	Purpose of Disbursement GOTV phone calls	
Candidate Name	Category/Type	Transaction ID : SB17.28243
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).....	20000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 375 OF 541			
	<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. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
GOTV phone calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Amount of Each Disbursement this Period  
40000.00

Transaction ID : SB17.28244

Category/Type

Full Name (Last, First, Middle Initial)  
**B. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
GOTV phone calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period  
50000.00

Transaction ID : SB17.28245

Category/Type

Full Name (Last, First, Middle Initial)  
**C. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
GOTV phone calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
60000.00

Transaction ID : SB17.28246

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 150000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 376 OF 541

<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. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
GOTV - phone calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
60000.00

Transaction ID : SB17.28247

Category/Type

Full Name (Last, First, Middle Initial)  
**B. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
GOTV phone calls

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
10000.00

Transaction ID : SB17.28248

Category/Type

Full Name (Last, First, Middle Initial)  
**C. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
GOTV phone calls

Candidate Name

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  
45000.00

Transaction ID : SB17.28249

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 115000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 541  
(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. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD  
SUITE 270

City ST PAUL      State MN      Zip Code 55128

Purpose of Disbursement  
GOTV phone calls

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Disbursement this Period  
30000.00

Transaction ID : SB17.28250

Category/Type

Full Name (Last, First, Middle Initial)  
**B. ROBERT FORD**

Mailing Address 4047 TORREY PINES DRIVE

City JACKSON      State MS      Zip Code 39272

Purpose of Disbursement  
GOTV - door to door

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
5000.00

Transaction ID : SB17.28308

Category/Type

Full Name (Last, First, Middle Initial)  
**C. HUNTER FOSTER**

Mailing Address 2816 NEW SIGHT DRIVE

City WESSON      State MS      Zip Code 39191

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

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  
540.00

Transaction ID : SB17.28580

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 35540.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 378 OF 541	
	<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. SCARLET FOWLER</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1016 WHITEHURST ROAD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.28324
City HAZELHURST	State MS	
Zip Code 39083	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. KAYLEE FRANZEN</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 48 STONEGATE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29093
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	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. KAYLEE FRANZEN</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 48 STONEGATE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29108
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	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).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 379 OF 541			
	<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. KAYLEE FRANZEN</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 48 STONEGATE		Amount of Each Disbursement this Period 50.00
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29124
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. CODY FRICKE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 321 GARDEN RD		Amount of Each Disbursement this Period 25.00
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.30182
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. FRONTIER STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address P.O. BOX 13292		Amount of Each Disbursement this Period 15000.00
City JACKSON	State MS	
Zip Code 39236	Purpose of Disbursement Media Services	Transaction ID : SB17.28518
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15075.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 541			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. FRONTIER STRATEGIES**

Mailing Address P.O. BOX 13292

City JACKSON State MS Zip Code 39236

Purpose of Disbursement Media Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 23 / 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.28519

Full Name (Last, First, Middle Initial)  
**B. JOSEPH GARCIA**

Mailing Address 210 BARBARA CIRCLE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.30453

Full Name (Last, First, Middle Initial)  
**C. JOSEPH GARCIA**

Mailing Address 210 BARBARA CIRCLE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.30541

**SUBTOTAL** of Disbursements This Page (optional)..... 10075.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 381 OF 541			
	<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. JOSEPH GARCIA**

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Mailing Address 210 BARBARA CIRCLE

City State Zip Code  
OCEAN SPRINGS MS 39564

Purpose of Disbursement  
GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30490

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JOSEPH GARCIA**

Date of Disbursement  
MM / DD / YYYY  
06 / 23 / 2014

Mailing Address 210 BARBARA CIRCLE

City State Zip Code  
OCEAN SPRINGS MS 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30591

Category/Type

Full Name (Last, First, Middle Initial)  
**C. CHARLOTTE GARRETTE**

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Mailing Address 1000 ARBOR STATION

City State Zip Code  
LONG BEACH MS 39560

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
250.00

Transaction ID : SB17.30636

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 400.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 541			
	<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. SHARRON GARRETTE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1000 ARBOR STATION		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.30634
City LONG BEACH	State MS	
Zip Code 39560	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. KEHINDE GAYNOR</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1221 SCOTS GLEN		Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.28298
City JACKSON	State MS	
Zip Code 39204	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BOBBY GILL</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 30098 HERMAN BANKSTON ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29674
City ALBANY	State LA	
Zip Code 70711	Purpose of Disbursement Door to Door GOTV Worker	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).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 383 OF 541	
	<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. WARREN GILMORE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1802 VIRGINIA AVE.		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.28290
City MCCOMB	State MS	
Zip Code 39648	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 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 06 / 19 / 2014
Mailing Address P.O. BOX 531		Amount of Each Disbursement this Period 13764.72 Transaction ID : SB17.28520
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GODWIN GROUP</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 531		Amount of Each Disbursement this Period 11235.28 Transaction ID : SB17.28521
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 384 OF 541			
	<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. GODWIN GROUP**

Mailing Address P.O. BOX 531

City JACKSON State MS Zip Code 39205

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: 06 / 23 / 2014

Amount of Each Disbursement this Period: 15000.00

Transaction ID : SB17.28522

Full Name (Last, First, Middle Initial)  
**B. TRISTAN GOLLOTT**

Mailing Address 227 BAYVIEW AVENUE

City BILOXI State MS Zip Code 39530

Purpose of Disbursement Door to Door GOTV Worker

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: 105.00

Transaction ID : SB17.29857

Full Name (Last, First, Middle Initial)  
**C. TRISTAN GOLLOTT**

Mailing Address 227 BAYVIEW AVENUE

City BILOXI State MS Zip Code 39530

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.29889

**SUBTOTAL** of Disbursements This Page (optional) ..... 15180.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 385 OF 541			
	<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. TRISTAN GOLLOTT</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 227 BAYVIEW AVENUE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.30079
City BILOXI	State MS	
Zip Code 39530	Purpose of Disbursement Door to Door GOTV Worker	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. JOHN GORY</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 191 DUBOSE RD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29042
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	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. JOHN GORY</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 191 DUBOSE RD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29062
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	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).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 386 OF 541			
	<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 GORY</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 191 DUBOSE RD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29171
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	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. JOHN GORY</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 191 DUBOSE RD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29187
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	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. JOHN GORY</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 191 DUBOSE RD		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.29579
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement POLL MONITORING	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).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 387 OF 541		
	<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. TAMYRA GREER</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 4901 TANNER ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.30642
City MOSS POINT	State MS	
Zip Code 39563	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LATONYA GRIFFIN</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address P.O. BOX 16205		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.28320
City JACKSON	State MS	
Zip Code 39236	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. LOVIE GRIFFIN</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 2335 ATKINSON ROAD #E1		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29938
City BILOXI	State MS	
Zip Code 39531	Purpose of Disbursement Door to Door GOTV Worker	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).....	2775.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 388 OF 541			
	<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. LOVIE GRIFFIN</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 2335 ATKINSON ROAD #E1		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.29961
City BILOXI	State MS	
Zip Code 39531	Purpose of Disbursement Door to Door GOTV Worker	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. LOVIE GRIFFIN</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 2335 ATKINSON ROAD #E1		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.30049
City BILOXI	State MS	
Zip Code 39531	Purpose of Disbursement Door to Door GOTV Worker	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. DICK HALL</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address POST OFFICE BOX 55942		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.28209
City JACKSON	State MS	
Zip Code 39296	Purpose of Disbursement In-kind - Rent - Rankin County Runoff Headquarters	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).....	555.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 389 OF 541			
	<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. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 103.79
City JACKSON	State MS	
Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	Transaction ID : SB17.28404
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 92.88
City JACKSON	State MS	
Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	Transaction ID : SB17.28407
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 110.64
City JACKSON	State MS	
Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	Transaction ID : SB17.28421
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[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).....	

**SCHEDULE 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 390 OF 541			
	<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. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 464.40 Transaction ID : SB17.28426
City JACKSON State MS Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 278.64 Transaction ID : SB17.28427
City JACKSON State MS Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 117.30 Transaction ID : SB17.28428
City JACKSON State MS Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 391 OF 541			
	<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. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 207.58
City JACKSON State MS Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	
Candidate Name		Transaction ID : SB17.28436
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 650.16
City JACKSON State MS Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	
Candidate Name		Transaction ID : SB17.28437
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 557.28
City JACKSON State MS Zip Code 39202	Purpose of Disbursement Lodging Campaign Staff	
Candidate Name		Transaction ID : SB17.28438
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 234.60
City JACKSON	State MS	Zip Code 39202
Purpose of Disbursement Lodging Campaign Staff		Transaction ID : SB17.28439
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

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. HAMPTON INN JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 320 GREYMONT AVE		Amount of Each Disbursement this Period 368.49
City JACKSON	State MS	Zip Code 39202
Purpose of Disbursement Lodging Campaign Staff		Transaction ID : SB17.28476
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

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. HANNAH HASTINGS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 6352 POPLAR CORNER		Amount of Each Disbursement this Period 50.00
City WALLS	State MS	Zip Code 38680
Purpose of Disbursement Door to Door GOTV Worker		Transaction ID : SB17.29176
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) .....

50.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. HANNAH HASTINGS</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 6352 POPLAR CORNER		Amount of Each Disbursement this Period 75.00
City WALLS	State MS	
Zip Code 38680	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29192
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. HEDERMAN BROTHERS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 15732.18
City RIDGELAND	State MS	
Zip Code 39158	Purpose of Disbursement Printing	Transaction ID : SB17.28531
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. HEDERMAN BROTHERS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 9677.80
City RIDGELAND	State MS	
Zip Code 39158	Purpose of Disbursement Printing	Transaction ID : SB17.28532
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:	

**SUBTOTAL** of Disbursements This Page (optional).....

25484.98

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 OF 541
	<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. HEDERMAN BROTHERS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 5887.97 Transaction ID : SB17.28533
City RIDGELAND	State MS	
Zip Code 39158	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HEDERMAN BROTHERS</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 21112.25 Transaction ID : SB17.28534
City RIDGELAND	State MS	
Zip Code 39158	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. HEDERMAN BROTHERS</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 6100		Amount of Each Disbursement this Period 4732.07 Transaction ID : SB17.28535
City RIDGELAND	State MS	
Zip Code 39158	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31732.29
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 395 OF 541
	<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. SETH HERSEY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 260 DOVER LANE		Amount of Each Disbursement this Period 50.00
City MADISON State MS Zip Code 39110	Purpose of Disbursement Door to Door GOTV Worker	
Candidate Name	Category/Type	Transaction ID : SB17.29453
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. SETH HERSEY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 260 DOVER LANE		Amount of Each Disbursement this Period 200.00
City MADISON State MS Zip Code 39110	Purpose of Disbursement Door to Door GOTV Worker	
Candidate Name	Category/Type	Transaction ID : SB17.29457
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. GARDNER HEWES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 17 COLONEL WINK		Amount of Each Disbursement this Period 400.00
City GULFPORT State MS Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	
Candidate Name	Category/Type	Transaction ID : SB17.29247
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:		

SUBTOTAL of Disbursements This Page (optional) .....	650.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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. GARDNER HEWES</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 17 COLONEL WINK		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.29702
City GULFPORT	State MS	
Zip Code 39501		
Purpose of Disbursement Door to Door GOTV Worker		
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. GARDNER HEWES</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 17 COLONEL WINK		Amount of Each Disbursement this Period 510.00 Transaction ID : SB17.30000
City GULFPORT	State MS	
Zip Code 39501		
Purpose of Disbursement Door to Door GOTV Worker		
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. GARDNER HEWES</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 17 COLONEL WINK		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.30084
City GULFPORT	State MS	
Zip Code 39501		
Purpose of Disbursement Door to Door GOTV Worker		
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:		

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

950.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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. DONALD HEWITT</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014	
Mailing Address 407 STILLWOOD DR		Amount of Each Disbursement this Period 75.00	
City JACKSON	State MS	Zip Code 39206	Transaction ID : SB17.28646
Purpose of Disbursement Door to Door GOTV Worker		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 134.11	
City PASCAGOULA	State MS	Zip Code 39567	Transaction ID : SB17.28479
Purpose of Disbursement Lodging Campaign Staff		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 130.90	
City PASCAGOULA	State MS	Zip Code 39567	Transaction ID : SB17.28480
Purpose of Disbursement Lodging Campaign Staff		Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 OF 541
	<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. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 130.90
City PASCAGOULA	State MS	
Zip Code 39567		Transaction ID : SB17.28481
Purpose of Disbursement Lodging Campaign Staff	Category/ Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 204.92
City PASCAGOULA	State MS	
Zip Code 39567		Transaction ID : SB17.28482
Purpose of Disbursement Lodging Campaign Staff	Category/ Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 130.90
City PASCAGOULA	State MS	
Zip Code 39567		Transaction ID : SB17.28483
Purpose of Disbursement Lodging Campaign Staff	Category/ Type	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input 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).....	

**SCHEDULE 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 399 OF 541
	<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. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 187.73
City PASCAGOULA State MS Zip Code 39567	Transaction ID : SB17.28484	
Purpose of Disbursement Lodging Campaign Staff	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 130.90
City PASCAGOULA State MS Zip Code 39567	Transaction ID : SB17.28485	
Purpose of Disbursement Lodging Campaign Staff	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 2703 DENNY AVE		Amount of Each Disbursement this Period 130.90
City PASCAGOULA State MS Zip Code 39567	Transaction ID : SB17.28486	
Purpose of Disbursement Lodging Campaign Staff	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input 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).....	

**SCHEDULE 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 400 OF 541

<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. HILTON JACKSON</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014	
Mailing Address 1001 EAST COUNTY LINE RD		Amount of Each Disbursement this Period 17134.05	
City JACKSON	State MS	Zip Code 39211	Transaction ID : <b>SB17.28540</b>
Purpose of Disbursement Campaign Event Election Night		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. JAKE HORNER</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 105 VIRGINIA ST		Amount of Each Disbursement this Period 50.00	
City OXFORD	State MS	Zip Code 38655	Transaction ID : <b>SB17.28753</b>
Purpose of Disbursement Door to Door GOTV Worker		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. JAKE HORNER</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 105 VIRGINIA ST		Amount of Each Disbursement this Period 25.00	
City OXFORD	State MS	Zip Code 38655	Transaction ID : <b>SB17.28763</b>
Purpose of Disbursement Door to Door GOTV Worker		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:			

**SUBTOTAL** of Disbursements This Page (optional).....

17209.05

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 401 OF 541	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. WATSON HORNER**

Mailing Address 117 EDGEWOOD BLVD

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Mileage reimbursement, food, beverage, postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Amount of Each Disbursement this Period  
1958.95

Transaction ID : SB17.27545

Category/Type

Full Name (Last, First, Middle Initial)  
**B. INTERNAL REVENUE SERVICE**

Mailing Address 324 25TH STREET

City OGDEN State UT Zip Code 84201

Purpose of Disbursement  
Taxes - Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Disbursement this Period  
15716.34

Transaction ID : SB17.28257

Category/Type

Full Name (Last, First, Middle Initial)  
**C. ISLAND VIEW CASINO**

Mailing Address 3300 W. BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Disbursement this Period  
199.36

Transaction ID : SB17.28468

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 17675.29

**TOTAL** This Period (last page this line number only).....

14020663375

**SCHEDULE 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 402 OF 541
	<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. ISLAND VIEW CASINO**

Mailing Address 3300 W. BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 199.36

Transaction ID : SB17.28469

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. ISLAND VIEW CASINO**

Mailing Address 3300 W. BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 17 / 2014

Amount of Each Disbursement this Period: 114.43

Transaction ID : SB17.28487

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. ISLAND VIEW CASINO**

Mailing Address 3300 W. BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 17 / 2014

Amount of Each Disbursement this Period: 99.68

Transaction ID : SB17.28488

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only).....

14020663376

**SCHEDULE 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 403 OF 541			
	<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. RUDOLPH JACKSON**

Mailing Address 2050 ROBINSON ST

City JACKSON State MS Zip Code 39209

Purpose of Disbursement GOTV Door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.28326

Full Name (Last, First, Middle Initial)  
**B. TRAVIS JAMES**

Mailing Address 8709 OLD CCC CAMP ROAD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

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: 50.00

Transaction ID : SB17.29594

Full Name (Last, First, Middle Initial)  
**C. TRAVIS JAMES**

Mailing Address 8709 OLD CCC CAMP ROAD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.29619

**SUBTOTAL** of Disbursements This Page (optional)..... 925.00

**TOTAL** This Period (last page this line number only).....

14020663377

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. TRAVIS JAMES**

Mailing Address **8709 OLD CCC CAMP ROAD**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

Purpose of Disbursement  
Door to Door GOTV Worker

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  
**06 / 15 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.29629**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. TRAVIS JAMES**

Mailing Address **8709 OLD CCC CAMP ROAD**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

Purpose of Disbursement  
Door to Door GOTV Worker

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  
**06 / 16 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.29637**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. TRAVIS JAMES**

Mailing Address **8709 OLD CCC CAMP ROAD**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

Purpose of Disbursement  
Door to Door GOTV Worker

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  
**06 / 17 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.29735**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **175.00**

**TOTAL** This Period (last page this line number only).....

14020663378

**SCHEDULE 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 405 OF 541	
	<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. TRAVIS JAMES</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 8709 OLD CCC CAMP ROAD		Amount of Each Disbursement this Period 50.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29776
Purpose of Disbursement Door to Door GOTV Worker		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. TRAVIS JAMES</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014	
Mailing Address 8709 OLD CCC CAMP ROAD		Amount of Each Disbursement this Period 50.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.30488
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. JOE T'S</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014	
Mailing Address 286 US 51		Amount of Each Disbursement this Period 71.76	
City RIDGELAND	State MS	Zip Code 39157	Transaction ID : SB17.28425 <b>[MEMO ITEM]</b>
Purpose of Disbursement Catering Supplies		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663379

**SCHEDULE 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. AMBRIELLE JOHNSON</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 9305 MARTIN AVE		Amount of Each Disbursement this Period 75.00
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement GOTV - DOOR TO DOOR	Transaction ID : SB17.30548
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. AMBRIELLE JOHNSON</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 9305 MARTIN AVE		Amount of Each Disbursement this Period 50.00
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement GOTV - DOOR TO DOOR	Transaction ID : SB17.30510
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. AMBRIELLE JOHNSON</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 9305 MARTIN AVE		Amount of Each Disbursement this Period 75.00
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement GOTV - DOOR TO DOOR	Transaction ID : SB17.30568
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) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663380

**SCHEDULE 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 407 OF 541			
	<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. KARINA JOHNSON</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 9305 MARTIN AVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30480
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. KARINA JOHNSON</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 9305 MARTIN AVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30567
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. DODD JONES</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 121 PINECREST DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29406
City OXFORD	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663381

**SCHEDULE 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 408 OF 541	
	<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 ABBOTT JONES</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 157 OLD TAYLOR		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29410
City OXFORD	State MS	
Zip Code 38655	Purpose of Disbursement Door to Door GOTV Worker	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. KANGAROO EXPRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 2803 25TH AVENUE		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.28460 [MEMO ITEM]
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Gas for Campaign Travel	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. TITUS KELLY</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 102 YELLOWSTONE CIRCLE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29747
City OCEAN SPRINGS	State MS	
Zip Code 39546	Purpose of Disbursement Door to Door GOTV Worker	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).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663382



**SCHEDULE 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 409 OF 541			
	<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. TITUS KELLY**

Mailing Address **102 YELLOWSTONE CIRCLE**

City **OCEAN SPRINGS** State **MS** Zip Code **39546**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2014**  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 18 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.29852**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. TITUS KELLY**

Mailing Address **102 YELLOWSTONE CIRCLE**

City **OCEAN SPRINGS** State **MS** Zip Code **39546**

Purpose of Disbursement  
**GOTV - door to door**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2014**  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 19 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.30464**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. TITUS KELLY**

Mailing Address **102 YELLOWSTONE CIRCLE**

City **OCEAN SPRINGS** State **MS** Zip Code **39546**

Purpose of Disbursement  
**GOTV - DOOR TO DOOR**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: **2014**  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 19 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.30527**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **225.00**

**TOTAL** This Period (last page this line number only).....

14020663333

**SCHEDULE 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. TITUS KELLY**

Full Name (Last, First, Middle Initial)

Mailing Address 102 YELLOWSTONE CIRCLE

City OCEAN SPRINGS State MS Zip Code 39546

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.30530

**B. TITUS KELLY**

Full Name (Last, First, Middle Initial)

Mailing Address 102 YELLOWSTONE CIRCLE

City OCEAN SPRINGS State MS Zip Code 39546

Purpose of Disbursement GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.30493

**C. BARBARA KENDRICK**

Full Name (Last, First, Middle Initial)

Mailing Address 292 NORTHWOOD HILLS

City HERNANDO State MS Zip Code 38632

Purpose of Disbursement Mileage reimbursement, meals, postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 620.95

Transaction ID : SB17.27541

**SUBTOTAL** of Disbursements This Page (optional)..... 695.95

**TOTAL** This Period (last page this line number only).....

14020663384

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. COURTNEY KENDRICK**

Mailing Address 1700 65TH AVE  
APT C20

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29805

Category/Type

Full Name (Last, First, Middle Initial)  
**B. COURTNEY KENDRICK**

Mailing Address 1700 65TH AVE  
APT C20

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29824

Category/Type

Full Name (Last, First, Middle Initial)  
**C. COURTNEY KENDRICK**

Mailing Address 1700 65TH AVE  
APT C20

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.29867

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 175.00

**TOTAL** This Period (last page this line number only).....

14020663385

**SCHEDULE 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 412 OF 541			
	<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. COURTNEY KENDRICK**

Full Name (Last, First, Middle Initial)

Mailing Address 1700 65TH AVE  
APT C20

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29901

**B. COURTNEY KENDRICK**

Full Name (Last, First, Middle Initial)

Mailing Address 1700 65TH AVE  
APT C20

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29928

**C. COURTNEY KENDRICK**

Full Name (Last, First, Middle Initial)

Mailing Address 1700 65TH AVE  
APT C20

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30053

**SUBTOTAL** of Disbursements This Page (optional)..... 175.00

**TOTAL** This Period (last page this line number only).....

14020663386

**SCHEDULE 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 413 OF 541			
	<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. JAYLA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 50.00
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29821
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. JAYLA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 75.00
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29869
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. JAYLA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 50.00
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29897
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) .....	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663387

**SCHEDULE 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 414 OF 541			
	<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. JAYLA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29955
City GULFPORT State MS Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	
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. KALANDREA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29898
City GULFPORT State MS Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	
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. KALANDREA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29930
City GULFPORT State MS Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	
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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663388

**SCHEDULE 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 415 OF 541			
	<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. KALANDREA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29986
City GULFPORT State MS Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	
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. KALANDREA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.30006
City GULFPORT State MS Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	
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. KALANDREA KENDRICK</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1700 65TH AVE APT C20		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30051
City GULFPORT State MS Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	
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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663389

**SCHEDULE 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 416 OF 541	
	<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. CORBIN KEOWN</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 6510 MASTERS DR		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.29576
City OLIVE BRANCH	State MS	
Zip Code 38654	Purpose of Disbursement Door to Door GOTV Worker	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. CORBIN KEOWN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 6510 MASTERS DR		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29001
City OLIVE BRANCH	State MS	
Zip Code 38654	Purpose of Disbursement Door to Door GOTV Worker	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. REMI KING</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 2402 GREENVIEW DRIVE		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.29817
City GULFPORT	State MS	
Zip Code 39507	Purpose of Disbursement Door to Door GOTV Worker	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).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663390



**SCHEDULE 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 417 OF 541			
	<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. KRISPY KREME SHOP**

Mailing Address 1100 E COUNTY LINE RD

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement Campaign Staff Breakfast

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  
06 / 02 / 2014

Amount of Each Disbursement this Period  
40.01

Transaction ID : SB17.28406

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. KROGER #479**

Mailing Address 110 PROMENADE BLVD

City FLOWOOD State MS Zip Code 39232

Purpose of Disbursement Campaign Supplies

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  
06 / 03 / 2014

Amount of Each Disbursement this Period  
24.74

Transaction ID : SB17.28417

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. GRANT KYLE**

Mailing Address 2110 LEGENDS DRIVE

City NESBIT State MS Zip Code 38651

Purpose of Disbursement Door to Door GOTV Worker

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  
06 / 12 / 2014

Amount of Each Disbursement this Period  
25.00

Transaction ID : SB17.28974

**SUBTOTAL** of Disbursements This Page (optional)..... 25.00

**TOTAL** This Period (last page this line number only).....

14020663391

**SCHEDULE 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 418 OF 541		
	<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. GRANT KYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2110 LEGENDS DRIVE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.28979
City NESBIT	State MS	
Zip Code 38651	Purpose of Disbursement Door to Door GOTV Worker	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. GRANT KYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 2110 LEGENDS DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28988
City NESBIT	State MS	
Zip Code 38651	Purpose of Disbursement Door to Door GOTV Worker	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. PEYTON KYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 2110 LEGENDS DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28975
City NESBIT	State MS	
Zip Code 38651	Purpose of Disbursement Door to Door GOTV Worker	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).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663392

**SCHEDULE 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 419 OF 541			
	<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. PEYTON KYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2110 LEGENDS DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28978
City NESBIT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. PEYTON KYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2110 LEGENDS DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29575
City NESBIT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. PEYTON KYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 2110 LEGENDS DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28987
City NESBIT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663393

**SCHEDULE 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 420 OF 541			
	<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. PEYTON KYLE</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 2110 LEGENDS DRIVE		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.31520
City NESBIT	State MS	
Zip Code 38651	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. BROOKE A LAWYER</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1211 46TH ST		Amount of Each Disbursement this Period 833.79 Transaction ID : SB17.27546
City MERIDIAN	State MS	
Zip Code 39305	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BROOKE A LAWYER</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1211 46TH ST		Amount of Each Disbursement this Period 805.50 Transaction ID : SB17.27611
City MERIDIAN	State MS	
Zip Code 39305	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1699.29
<b>TOTAL</b> This Period (last page this line number only).....	

14020663394

**SCHEDULE 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 421 OF 541	
	<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 MM / DD / YYYY 06 / 19 / 2014
Mailing Address 115 SKI DRIVE		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.27583
City FLORENCE	State MS	
Zip Code 39073	Purpose of Disbursement Podium/Lighting Set-Up - Election Nigh	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. JACORY LEWIS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 8 HERITAGE COURT		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.28306
City JACKSON	State MS	
Zip Code 39211	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JORDAN LEWIS</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 3448 WESTWIND DR		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28984
City NESBIT	State MS	
Zip Code 38651	Purpose of Disbursement Door to Door GOTV Worker	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).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663395

**SCHEDULE 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 422 OF 541			
	<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. JORDAN LEWIS**

Mailing Address **3448 WESTWIND DR**

City **NESBIT** State **MS** Zip Code **38651**

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 18 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.29158**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JORDAN LEWIS**

Mailing Address **3448 WESTWIND DR**

City **NESBIT** State **MS** Zip Code **38651**

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 18 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.29231**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. JORDAN LEWIS**

Mailing Address **3448 WESTWIND DR**

City **NESBIT** State **MS** Zip Code **38651**

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 19 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.29172**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **200.00**

**TOTAL** This Period (last page this line number only).....

14020663396

**SCHEDULE 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 423 OF 541		
	<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. DARRYL LINDSEY</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3414 SHORTCUT RD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.30648
City PASCAGOULA	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. MICHELLE LINDSEY</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3414 SHORTCUT RD		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.30646
City PASCAGOULA	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. LUKE LOGAN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 12 WILSON ROAD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29085
City HATTIESBURG	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663397

**SCHEDULE 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 424 OF 541	
	<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. LUKE LOGAN**

Mailing Address 12 WILSON ROAD

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
25.00

Transaction ID : SB17.29091

Category/Type

Full Name (Last, First, Middle Initial)  
**B. LUKE LOGAN**

Mailing Address 12 WILSON ROAD

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29106

Category/Type

Full Name (Last, First, Middle Initial)  
**C. LUKE LOGAN**

Mailing Address 12 WILSON ROAD

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29126

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 125.00

**TOTAL** This Period (last page this line number only).....

14020663398



**SCHEDULE 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 425 OF 541
	<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. LOGAN FARMS HONEY GLAZED HAMS AND MARKET CAFE**

Full Name (Last, First, Middle Initial)

Mailing Address 1220 E NORTHSIDE DR

City JACKSON State MS Zip Code 39211

Purpose of Disbursement Campaign Staff Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 05 / 2014

Amount of Each Disbursement this Period: 204.66

Transaction ID : SB17.28435

[MEMO ITEM]

**B. THERESSIA A. LYONS**

Full Name (Last, First, Middle Initial)

Mailing Address 549 E. PASS RD STE H

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.30601

**C. JACKSON MAGAW**

Full Name (Last, First, Middle Initial)

Mailing Address 5663 WAYNE COVE

City HORN LAKE State MS Zip Code 38637

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.28986

**SUBTOTAL** of Disbursements This Page (optional)..... 300.00

**TOTAL** This Period (last page this line number only).....

14020663399

**SCHEDULE 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 426 OF 541

<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. JACKSON MAGAW**

Mailing Address 5663 WAYNE COVE

City HORN LAKE State MS Zip Code 38637

Purpose of Disbursement  
Door to Door GOTV Worker

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
06			17			2014			

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.28992

Full Name (Last, First, Middle Initial)

**B. MAGELLAN STRATEGIES**

Mailing Address 12491 PLANTATION CREEK

City GEISMAR State LA Zip Code 70734

Purpose of Disbursement  
Polling

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
06			17			2014			

Amount of Each Disbursement this Period

15000.00
----------

Transaction ID : SB17.27560

Full Name (Last, First, Middle Initial)

**C. MAGGIE CLARK MEDIA SERVICES**

Mailing Address 139 BENT CREEK

City BRANDON State MS Zip Code 39047

Purpose of Disbursement  
Media Consulting

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
06			10			2014			

Amount of Each Disbursement this Period

41922.00
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Transaction ID : SB17.28251

**SUBTOTAL** of Disbursements This Page (optional).....

56947.00

**TOTAL** This Period (last page this line number only).....

56947.00
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14020663400

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. MAGGIE CLARK MEDIA SERVICES**

Mailing Address 139 BENT CREEK

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

City State Zip Code  
BRANDON MS 39047

Amount of Each Disbursement this Period

105273.00

Purpose of Disbursement  
Media Consulting

Category/  
Type

Transaction ID : SB17.28252

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Full Name (Last, First, Middle Initial)

**B. MAGGIE CLARK MEDIA SERVICES**

Mailing Address 139 BENT CREEK

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

City State Zip Code  
BRANDON MS 39047

Amount of Each Disbursement this Period

139976.00

Purpose of Disbursement  
Media Consulting

Category/  
Type

Transaction ID : SB17.28253

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Full Name (Last, First, Middle Initial)

**C. MAGGIE CLARK MEDIA SERVICES**

Mailing Address 139 BENT CREEK

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

City State Zip Code  
BRANDON MS 39047

Amount of Each Disbursement this Period

10868.00

Purpose of Disbursement  
Media Consulting

Category/  
Type

Transaction ID : SB17.28254

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....

256117.00

**TOTAL** This Period (last page this line number only).....

14020663401

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. MAGGIE CLARK MEDIA SERVICES**

Mailing Address 139 BENT CREEK

City BRANDON State MS Zip Code 39047

Purpose of Disbursement Media Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
84406.42

Transaction ID : SB17.28255

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 Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
136758.00

Transaction ID : SB17.28256

Full Name (Last, First, Middle Initial)  
**C. MAGGIE CLARK MEDIA SERVICES**

Mailing Address 139 BENT CREEK

City BRANDON State MS Zip Code 39047

Purpose of Disbursement Media Services - radio/television

Candidate Name

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  
2992.35

Transaction ID : SB17.27585

**SUBTOTAL** of Disbursements This Page (optional)..... 224156.77

**TOTAL** This Period (last page this line number only).....

14020663402

**SCHEDULE 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. CHANDLER MALLEY**

Full Name (Last, First, Middle Initial)

Mailing Address 12454 QUAIL RIDGE ROAD

City GULFPORT State MS Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

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  
06 / 14 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29716

Category/Type

**B. CHANDLER MALLEY**

Full Name (Last, First, Middle Initial)

Mailing Address 12454 QUAIL RIDGE ROAD

City GULFPORT State MS Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

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  
06 / 15 / 2014

Amount of Each Disbursement this Period  
150.00

Transaction ID : SB17.29718

Category/Type

**C. CHANDLER MALLEY**

Full Name (Last, First, Middle Initial)

Mailing Address 12454 QUAIL RIDGE ROAD

City GULFPORT State MS Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

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  
06 / 17 / 2014

Amount of Each Disbursement this Period  
150.00

Transaction ID : SB17.29834

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 350.00

**TOTAL** This Period (last page this line number only).....

14020663403

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. CHANDLER MALLEY**

Mailing Address 12454 QUAIL RIDGE ROAD

City GULFPORT      State MS      Zip Code 39503

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.29855

Category/Type

Full Name (Last, First, Middle Initial)  
**B. RICKY MALONE**

Mailing Address 1117 2ND STREET

City GULFPORT      State MS      Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29243

Category/Type

Full Name (Last, First, Middle Initial)  
**C. RICKY MALONE**

Mailing Address 1117 2ND STREET

City GULFPORT      State MS      Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President

Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:      District:

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29698

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 175.00

**TOTAL** This Period (last page this line number only).....

14020663404

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 OF 541  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (in Full)  
**CITIZENS FOR COCHRAN**

**A. RICKY MALONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 2ND STREET

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Disbursement this Period: 120.00

Transaction ID : SB17.29818

Category/Type

**B. RICKY MALONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 2ND STREET

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.29826

Category/Type

**C. RICKY MALONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 2ND STREET

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period: 130.00

Transaction ID : SB17.29883

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 300.00

**TOTAL** This Period (last page this line number only).....

14020663405

**SCHEDULE 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 432 OF 541			
	<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 MALONE</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1117 2ND STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29910
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. RICKY MALONE</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1117 2ND STREET		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.30075
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. RICKY MALONE</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1117 2ND STREET		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.30085
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663406



**SCHEDULE 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 433 OF 541
	<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. MAMA'S KITCHEN**

Mailing Address 653 ELDORADO RD

City PEARL State MS Zip Code 39208

Purpose of Disbursement Campaign Staff Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period  
54.00

Transaction ID : SB17.28453

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. CHANDLER MATHEWS**

Mailing Address 222 AMAR ST

City WAVELAND State MS Zip Code 39576

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30185

Full Name (Last, First, Middle Initial)  
**C. CHANDLER MATHEWS**

Mailing Address 222 AMAR ST

City WAVELAND State MS Zip Code 39576

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.30191

**SUBTOTAL** of Disbursements This Page (optional)..... 125.00

**TOTAL** This Period (last page this line number only).....

14020663407

**SCHEDULE 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 434 OF 541
	<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. CHANDLER MATHEWS</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 222 AMAR ST		Amount of Each Disbursement this Period 183.00
City WAVELAND	State MS	
Zip Code 39576	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.30232
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. NATE MATTHEWS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 8421 MAPLEWOOD		Amount of Each Disbursement this Period 50.00
City OLIVE BRANCH	State MS	
Zip Code 38654	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29160
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. NATE MATTHEWS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 8421 MAPLEWOOD		Amount of Each Disbursement this Period 50.00
City OLIVE BRANCH	State MS	
Zip Code 38654	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29233
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).....	283.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663408

**SCHEDULE 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. NATE MATTHEWS**

Mailing Address 8421 MAPLEWOOD

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM	DD	YYYY
06	20	2014

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.29181

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. MINDY MAXWELL**

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Fundraising Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM	DD	YYYY
06	27	2014

Amount of Each Disbursement this Period

38.96
-------

Transaction ID : SB17.28214

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JANE PERRIN MAYER**

Mailing Address 160 BAYOU CIRCLE

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement

MM	DD	YYYY
06	14	2014

Amount of Each Disbursement this Period

125.00
--------

Transaction ID : SB17.29720

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

213.96
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**TOTAL** This Period (last page this line number only).....

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14020663409

**SCHEDULE 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 436 OF 541			
	<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. JANE PERRIN MAYER**

Full Name (Last, First, Middle Initial)

Mailing Address 160 BAYOU CIRCLE

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement  
Door to Door GOTV Worker

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: 50.00

Transaction ID : SB17.29879

**B. JANE PERRIN MAYER**

Full Name (Last, First, Middle Initial)

Mailing Address 160 BAYOU CIRCLE

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.29905

**C. JANE PERRIN MAYER**

Full Name (Last, First, Middle Initial)

Mailing Address 160 BAYOU CIRCLE

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.30058

**SUBTOTAL** of Disbursements This Page (optional)..... 175.00

**TOTAL** This Period (last page this line number only).....

14020663410

**SCHEDULE 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 437 OF 541
	<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. KARIN MAYER</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 160 BAYOU CIRCLE		Amount of Each Disbursement this Period 50.00
City GULFPORT	State MS	
Zip Code 39507	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29725
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. KARIN MAYER</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 160 BAYOU CIRCLE		Amount of Each Disbursement this Period 80.00
City GULFPORT	State MS	
Zip Code 39507	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29878
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. KARIN MAYER</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 160 BAYOU CIRCLE		Amount of Each Disbursement this Period 50.00
City GULFPORT	State MS	
Zip Code 39507	Purpose of Disbursement Door to Door GOTV Worker	Transaction ID : SB17.29906
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).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663411

**SCHEDULE 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 438 OF 541		
	<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. MCALISTERS DELI OF GULFPORT**

Full Name (Last, First, Middle Initial)

Mailing Address 15140 CREOSOTE RD

City GULFPORT State MS Zip Code 39503

Purpose of Disbursement Campaign Staff Meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 78.15

Transaction ID : SB17.28457

[MEMO ITEM]

**B. ADRIAN McGEE**

Full Name (Last, First, Middle Initial)

Mailing Address 329 RUELLA AVE

City BAY ST LOUIS State MS Zip Code 39520

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.30173

**C. ADRIAN McGEE**

Full Name (Last, First, Middle Initial)

Mailing Address 329 RUELLA AVE

City BAY ST LOUIS State MS Zip Code 39520

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 80.00

Transaction ID : SB17.30203

**SUBTOTAL** of Disbursements This Page (optional) ..... 155.00

**TOTAL** This Period (last page this line number only) .....

14020663412

**SCHEDULE 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 439 OF 541

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. DAVID MEIGS**

Mailing Address 519A WEST LAUREL AVENUE

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Category/  
Type

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
06 / 19 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.29113

**B. DAVID MEIGS**

Mailing Address 519A WEST LAUREL AVENUE

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Category/  
Type

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
06 / 21 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.29138

**C. BETSY MERCIER**

Mailing Address 54 LONGWOOD DRIVE

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Category/  
Type

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
06 / 18 / 2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.29097

**SUBTOTAL** of Disbursements This Page (optional).....

75.00
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**TOTAL** This Period (last page this line number only).....

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14020663413

**SCHEDULE 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 440 OF 541			
	<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. BETSY MERCIER**

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Mailing Address 54 LONGWOOD DRIVE

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
25.00

Transaction ID : SB17.29112

Category/Type

Full Name (Last, First, Middle Initial)  
**B. CODY METZ**

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Mailing Address 108 EAST RAILROAD

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
25.00

Transaction ID : SB17.29940

Category/Type

Full Name (Last, First, Middle Initial)  
**C. CODY METZ**

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Mailing Address 108 EAST RAILROAD

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Amount of Each Disbursement this Period  
65.00

Transaction ID : SB17.29968

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 115.00

**TOTAL** This Period (last page this line number only).....

14020663414



**SCHEDULE 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 441 OF 541			
	<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. KODY MICHEL</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29712
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. KODY MICHEL</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29848
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. KODY MICHEL</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29873
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663415

**SCHEDULE 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 442 OF 541	
	<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. KODY MICHEL</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29939
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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. KODY MICHEL</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29967
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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. KODY MICHEL</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30040
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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) .....	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663416

**SCHEDULE 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 443 OF 541			
	<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. KODY MICHEL**

Full Name (Last, First, Middle Initial)

Mailing Address 108 EAST RAILROAD

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 23 / 2014

Amount of Each Disbursement this Period 50.00

Transaction ID : SB17.30045

Category/Type

**B. MISSISSIPPI DEPARTMENT OF REVENUE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1033

City JACKSON State MS Zip Code 39215

Purpose of Disbursement Taxes - Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 17 / 2014

Amount of Each Disbursement this Period 2245.00

Transaction ID : SB17.28258

Category/Type

**C. ARTEDRA MOFFETT**

Full Name (Last, First, Middle Initial)

Mailing Address 217 1/2 CURRIE RD

City ELLISVILLE State MS Zip Code 39437

Purpose of Disbursement GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 20 / 2014

Amount of Each Disbursement this Period 5000.00

Transaction ID : SB17.28288

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 7295.00

**TOTAL** This Period (last page this line number only).....

14020663417

**SCHEDULE 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 444 OF 541	
	<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. ALEX MONSOUR**

Mailing Address **PO BOX 822081**

City **VICKSBURG** State **MS** Zip Code **39182**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 14 / 2014**

Amount of Each Disbursement this Period  
**500.00**

Transaction ID : **SB17.29371**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. CINDY MOORE**

Mailing Address **P.O. BOX 4000**

City **BROOKHAVEN** State **MS** Zip Code **39603**

Purpose of Disbursement  
**In-kind - GOTV - DOOR TO DOOR**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 24 / 2014**

Amount of Each Disbursement this Period  
**770.00**

Transaction ID : **SB17.32475**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. DAVID MOORE**

Mailing Address **7791 TUCKER DR**

City **WALLS** State **MS** Zip Code **38680**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 18 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.29166**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **1320.00**

**TOTAL** This Period (last page this line number only).....

14020663418

**SCHEDULE 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 445 OF 541
	<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 MOORE</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 7791 TUCKER DR		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29239
City WALLS	State MS	
Zip Code 38680	Purpose of Disbursement Door to Door GOTV Worker	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. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29584
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29590
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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) .....	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663419

**SCHEDULE 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 446 OF 541	
	<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. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29601
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29630
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29656
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663420

**SCHEDULE 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 447 OF 541			
	<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. CHRISTIAN MORATA**

Mailing Address 3301 NORTH 9TH STREET

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
100.00

Transaction ID : SB17.29659

Full Name (Last, First, Middle Initial)  
**B. CHRISTIAN MORATA**

Mailing Address 3301 NORTH 9TH STREET

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.29741

Full Name (Last, First, Middle Initial)  
**C. CHRISTIAN MORATA**

Mailing Address 3301 NORTH 9TH STREET

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30477

**SUBTOTAL** of Disbursements This Page (optional)..... 250.00

**TOTAL** This Period (last page this line number only).....

14020663421

**SCHEDULE 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 448 OF 541		
	<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. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29763
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30533
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CHRISTIAN MORATA</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 3301 NORTH 9TH STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29794
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663422



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. CHRISTIAN MORATA**

Mailing Address 3301 NORTH 9TH STREET

City OCEAN SPRINGS    State MS    Zip Code 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House     Senate     President  
 Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:    District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.30504

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CHRISTIAN MORATA**

Mailing Address 3301 NORTH 9TH STREET

City OCEAN SPRINGS    State MS    Zip Code 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

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

75.00

Transaction ID : SB17.30570

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. NOEL MORGAN**

Mailing Address 112 WHITFIELD COVE

City TUPELO    State MS    Zip Code 38801

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House     Senate     President  
 Disbursement For: 2014  
 Primary     General  
 Other (specify) Runoff

State:    District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.28760

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

225.00

**TOTAL** This Period (last page this line number only).....

14020663423

**SCHEDULE 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 450 OF 541			
	<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. CAROLINE NAILER</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 2608 BEACHVIEW DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30501
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. KALEB NAILER</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2608 BEACHVIEW DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29682
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. KALEB NAILER</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 2608 BEACHVIEW DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30503
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663424

**SCHEDULE 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 451 OF 541			
	<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. ARTHUR NELSON**

Full Name (Last, First, Middle Initial)

Mailing Address 721 CR 151

City QUITMAN State MS Zip Code 39355

Purpose of Disbursement GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 650.00

Transaction ID : SB17.28314

**B. NED NELSON**

Full Name (Last, First, Middle Initial)

Mailing Address 14 STONECREST

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 16 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.29060

**C. NED NELSON**

Full Name (Last, First, Middle Initial)

Mailing Address 14 STONECREST

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 21 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.29184

**SUBTOTAL** of Disbursements This Page (optional) ..... 700.00

**TOTAL** This Period (last page this line number only) .....

14020663425

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 541			
	<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. NED NELSON</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 14 STONECREST		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29185
City HATTIESBURG	State MS	
Zip Code 39402	Purpose of Disbursement Door to Door GOTV Worker	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. SAXON NELSON</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 5311 QUINCY AVENUE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29881
City GULFPORT	State MS	
Zip Code 39507	Purpose of Disbursement Door to Door GOTV Worker	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. SAXON NELSON</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 5311 QUINCY AVENUE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29907
City GULFPORT	State MS	
Zip Code 39507	Purpose of Disbursement Door to Door GOTV Worker	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).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663426

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 453 OF 541
	<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. SAXON NELSON</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 5311 QUINCY AVENUE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30057
City GULFPORT	State MS	
Zip Code 39507	Purpose of Disbursement Door to Door GOTV Worker	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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>B. SOPHIE NORD</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1755 LELIA DRIVE		Amount of Each Disbursement this Period 297.12 Transaction ID : SB17.27542
City JACKSON	State MS	
Zip Code 39296	Purpose of Disbursement Mileage reimbursement, 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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>C. SOPHIE NORD</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 1755 LELIA DRIVE		Amount of Each Disbursement this Period 1075.00 Transaction ID : SB17.32622
City JACKSON	State MS	
Zip Code 39296	Purpose of Disbursement In-kind - 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 type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1447.12
<b>TOTAL</b> This Period (last page this line number only).....	

14020663427

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 454 OF 541			
	<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. RICKEY O'QUINN**

Mailing Address 2780 HWY 184 E

City BUDE State MS Zip Code 39630

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

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  
600.00

Transaction ID : SB17.28725

Category/Type

Full Name (Last, First, Middle Initial)  
**B. OFFICE DEPOT**

Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
Campaign Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 11 / 2014

Amount of Each Disbursement this Period  
199.00

Transaction ID : SB17.28443

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)  
**C. OFFICE DEPOT**

Mailing Address 4950 I-55 NORTH

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
Campaign Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Amount of Each Disbursement this Period  
50.59

Transaction ID : SB17.28445

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

14020663428

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 OF 541			
	<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. Orbitz</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 500 W Madison Suite 1000		Amount of Each Disbursement this Period 6.99
City Chicago	State IL Zip Code 60661	
Purpose of Disbursement Campaign Staff Travel		Transaction ID : SB17.28560
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	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TOM OVERING</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 188 CRAWFORD STREET		Amount of Each Disbursement this Period 120.00
City BILOXI	State MS Zip Code 39530	
Purpose of Disbursement Door to Door GOTV Worker		Transaction ID : SB17.29819
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. TOM OVERING</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 188 CRAWFORD STREET		Amount of Each Disbursement this Period 50.00
City BILOXI	State MS Zip Code 39530	
Purpose of Disbursement Door to Door GOTV Worker		Transaction ID : SB17.29827
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).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663429

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 541			
	<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. TOM OVERING**

Full Name (Last, First, Middle Initial)

Mailing Address 188 CRAWFORD STREET

City BILOXI State MS Zip Code 39530

Purpose of Disbursement Door to Door GOTV Worker

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 220.00

Transaction ID : SB17.29884

**B. TOM OVERING**

Full Name (Last, First, Middle Initial)

Mailing Address 188 CRAWFORD STREET

City BILOXI State MS Zip Code 39530

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 20 / 2014

Amount of Each Disbursement this Period 70.00

Transaction ID : SB17.29932

**C. JAKE OVERMAN**

Full Name (Last, First, Middle Initial)

Mailing Address 7450 ESSAYONS DRIVE

City SOUTHAVEN State MS Zip Code 38672

Purpose of Disbursement Door to Door GOTV Worker

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 150.00

Transaction ID : SB17.29565

**SUBTOTAL** of Disbursements This Page (optional) ..... 440.00

**TOTAL** This Period (last page this line number only) .....

14020663430



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 457 OF 541
	<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. BLAKE PARHAM**

Mailing Address 6109 CANVASBACK DR

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29399

Category/Type

Full Name (Last, First, Middle Initial)  
**B. CHASE PARKER**

Mailing Address 2917 N. 4TH STREET

City OCEAN SPRINGS State MS Zip Code 39564

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  
MM / DD / YYYY  
06 / 05 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.31856

Category/Type

Full Name (Last, First, Middle Initial)  
**C. CHASE PARKER**

Mailing Address 2917 N. 4TH STREET

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 16 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30459

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 175.00

**TOTAL** This Period (last page this line number only).....

14020663431

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 458 OF 541			
	<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. CHASE PARKER**

Mailing Address 2917 N. 4TH STREET

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30580

Category/Type

Full Name (Last, First, Middle Initial)  
**B. CHASE PARKER**

Mailing Address 2917 N. 4TH STREET

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

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  
75.00

Transaction ID : SB17.30581

Category/Type

Full Name (Last, First, Middle Initial)  
**C. PARTY CITY**

Mailing Address 900 E COUNTY LINE RD  
SUITE 125

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement  
Campaign Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 02 / 2014

Amount of Each Disbursement this Period  
77.89

Transaction ID : SB17.28402

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 150.00

**TOTAL** This Period (last page this line number only) .....

14020663432

**SCHEDULE 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 459 OF 541			
	<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. DAVID PATTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 4349

City JACKSON State MS Zip Code 39216

Purpose of Disbursement Mileage reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 192.50

Transaction ID : SB17.27549

**B. SAM PEELER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2905 SOUTH LAMAR

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.29408

**C. KEANNA PENMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3230 CUMBERLAND ROAD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.29899

**SUBTOTAL** of Disbursements This Page (optional) ..... 317.50

**TOTAL** This Period (last page this line number only) .....

14020663433

**SCHEDULE 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 460 OF 541			
	<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. KEANNA PENMAN**

Full Name (Last, First, Middle Initial)

Mailing Address 3230 CUMBERLAND ROAD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.29931

Category/ Type

**B. KEANNA PENMAN**

Full Name (Last, First, Middle Initial)

Mailing Address 3230 CUMBERLAND ROAD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30055

Category/ Type

**C. MATTHEW PLEASANT**

Full Name (Last, First, Middle Initial)

Mailing Address 1615 LORI DRIVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 15 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.29751

Category/ Type

**SUBTOTAL** of Disbursements This Page (optional)..... 200.00

**TOTAL** This Period (last page this line number only).....

14020663434

**SCHEDULE 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 461 OF 541			
	<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. MATTHEW PLEASANT</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1615 LORI DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30448
City OCEAN SPRINGS	State MS	
Purpose of Disbursement GOTV - door to door	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. MATTHEW PLEASANT</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1615 LORI DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29854
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker	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. MATTHEW PLEASANT</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1615 LORI DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30466
City OCEAN SPRINGS	State MS	
Purpose of Disbursement GOTV - door to door	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).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663435

**SCHEDULE 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. MATTHEW PLEASANT**

Mailing Address 1615 LORI DRIVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.30496

Full Name (Last, First, Middle Initial)  
**B. POLITICAL SYSTEMS AND SOLUTIONS**

Mailing Address PO BOX 1811

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement  
ROBOCALL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
1500.00

Transaction ID : SB17.28732

Full Name (Last, First, Middle Initial)  
**C. ANDY POSS**

Mailing Address 3611 PERRYMAN DRIVE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period  
25.00

Transaction ID : SB17.29599

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

1575.00

14020663436

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 463 OF 541	
	<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. ANDY POSS</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014	
Mailing Address 3611 PERRYMAN DRIVE		Amount of Each Disbursement this Period 75.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29640
Purpose of Disbursement Door to Door GOTV Worker		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. ANDY POSS</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014	
Mailing Address 3611 PERRYMAN DRIVE		Amount of Each Disbursement this Period 25.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29667
Purpose of Disbursement Door to Door GOTV Worker		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. ANDY POSS</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 3611 PERRYMAN DRIVE		Amount of Each Disbursement this Period 50.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29729
Purpose of Disbursement Door to Door GOTV Worker		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) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663437

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 OF 541			
	<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. ANDY POSS</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 3611 PERRYMAN DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29775
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. ANDY POSS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 3611 PERRYMAN DRIVE		Amount of Each Disbursement this Period 8.00 Transaction ID : SB17.29799
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. ANDY POSS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 3611 PERRYMAN DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30557
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	133.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663438



**SCHEDULE 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 465 OF 541			
	<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. ANDY POSS**

Mailing Address **3611 PERRYMAN DRIVE**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

Purpose of Disbursement  
**GOTV - DOOR TO DOOR**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 21 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.30516**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JUSTIN PRIEST**

Mailing Address **8540 DEER CREEK**

City **OLIVE BRANCH** State **MN** Zip Code **38654**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 13 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.29569**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. JAY QUALLS**

Mailing Address **1825 RADLEY RD**

City **NESBIT** State **MS** Zip Code **38651**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 13 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.29573**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **175.00**

**TOTAL** This Period (last page this line number only).....

14020663439

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 466 OF 541			
	<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. DEVONTA RAWLS</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 3326 FLEETWOOD DR		Amount of Each Disbursement this Period 38.00
City JACKSON	State MS Zip Code 39212	
Purpose of Disbursement Door to Door GOTV Worker		Transaction ID : SB17.28644
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. RED OCTOBER PRODUCTIONS, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address P.O. BOX 480		Amount of Each Disbursement this Period 17500.00
City ARNOLD	State MD Zip Code 21012	
Purpose of Disbursement Media Production		Transaction ID : SB17.28542
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED OCTOBER PRODUCTIONS, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address P.O. BOX 480		Amount of Each Disbursement this Period 9750.37
City ARNOLD	State MD Zip Code 21012	
Purpose of Disbursement Media Production		Transaction ID : SB17.28543
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27288.37
<b>TOTAL</b> This Period (last page this line number only).....	

14020663440

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 467 OF 541			
	<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. RED OCTOBER PRODUCTIONS, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address P.O. BOX 480		Amount of Each Disbursement this Period 10938.20 Transaction ID : SB17.28545
City ARNOLD	State MD	
Zip Code 21012	Purpose of Disbursement Media Production	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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.28263
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fee - Wire Transfer	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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.28264
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fee - Wire Transfer	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).....	10988.20
<b>TOTAL</b> This Period (last page this line number only).....	

14020663441

**SCHEDULE 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 468 OF 541			
	<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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28265
City TUPELO	State MS	
Purpose of Disbursement Bank Fee - Wire Transfers		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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28267
City TUPELO	State MS	
Purpose of Disbursement Bank Fee - Wire Transfers		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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.28269
City TUPELO	State MS	
Purpose of Disbursement Bank Fee - Wire Transfer		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) .....	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663442

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 469 OF 541			
	<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 06 / 17 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.28272
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fee - Wire Transfers	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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.28273
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fee - Wire Transfer	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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.28275
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fee - Wire Transfer	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) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663443

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 470 OF 541	
	<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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.28276
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fee - Wire Transfer	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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 7.50 Transaction ID : SB17.28277
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fees - Return Deposit	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. RENASANT BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address P.O. BOX 709		Amount of Each Disbursement this Period 106.20 Transaction ID : SB17.28278
City TUPELO	State MS	
Zip Code 38802	Purpose of Disbursement Bank Fees - Maintenance	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) .....	138.70
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663444

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 471 OF 541
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. JULIE REPULT**

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Mailing Address P.O. BOX 1726

City State Zip Code  
TUPELO MS 38802

Purpose of Disbursement  
PAYROLL

Amount of Each Disbursement this Period  
230.87

Candidate Name

Transaction ID : SB17.27613

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Full Name (Last, First, Middle Initial)  
**B. MARK RICHARDSON**

Date of Disbursement  
MM / DD / YYYY  
06 / 23 / 2014

Mailing Address 2450 OLD CHURCH DRIVE

City State Zip Code  
BROOKHAVEN MS 39601

Purpose of Disbursement  
Door to Door GOTV Worker

Amount of Each Disbursement this Period  
450.00

Candidate Name

Transaction ID : SB17.28588

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Full Name (Last, First, Middle Initial)  
**C. DANNY RICKERD**

Date of Disbursement  
MM / DD / YYYY  
06 / 14 / 2014

Mailing Address 5663 WAYNE COVE

City State Zip Code  
HORN LAKE MS 38637

Purpose of Disbursement  
Door to Door GOTV Worker

Amount of Each Disbursement this Period  
50.00

Candidate Name

Transaction ID : SB17.28982

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... 730.87

**TOTAL** This Period (last page this line number only) .....

14020663445

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 472 OF 541
	<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. DANNY RICKERD</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 5663 WAYNE COVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29167
City HORN LAKE	State MS	
Zip Code 38637	Purpose of Disbursement Door to Door GOTV Worker	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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>B. JOHN M. ROBINSON CPA</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address P.O. BOX 7183		Amount of Each Disbursement this Period 349.62 Transaction ID : SB17.27614
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 type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>C. ROBERT L. ROBINSON</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 29 CR 406		Amount of Each Disbursement this Period 601.00 Transaction ID : SB17.27519
City IUKA	State MS	
Zip Code 38852	Purpose of Disbursement In-kind - Advertising	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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.62
<b>TOTAL</b> This Period (last page this line number only).....	

14020663446



**SCHEDULE 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 473 OF 541			
	<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. RONNIE'S STEAK N GRILL**

Mailing Address 734 PEARL AVE

City PHILADELPHIA State MS Zip Code 39350

Purpose of Disbursement Campaign Staff Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
74.79

Transaction ID : SB17.28563

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. KATHRYN ROWE**

Mailing Address 110 VICTORIA DR

City HATTIESBURG State MS Zip Code 39402

Purpose of Disbursement POLL MONITORING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Disbursement this Period  
25.00

Transaction ID : SB17.29580

Full Name (Last, First, Middle Initial)  
**C. JORDAN RUSSELL**

Mailing Address 2504 EASTOVER RD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2014

Amount of Each Disbursement this Period  
1935.75

Transaction ID : SB17.27615

**SUBTOTAL** of Disbursements This Page (optional)..... 1960.75

**TOTAL** This Period (last page this line number only).....

14020663447

**SCHEDULE 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 474 OF 541			
	<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. ASHLEY SAVAD</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 7221 CEDAR DALE RD		Amount of Each Disbursement this Period 50.00	
City OLIVE BRANCH	State MS	Zip Code 38654	Transaction ID : <b>SB17.29173</b>
Purpose of Disbursement Door to Door GOTV Worker		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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 75.00	
City BILOXI	State MS	Zip Code 39532	Transaction ID : <b>SB17.29622</b>
Purpose of Disbursement Door to Door GOTV Worker		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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014	
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 75.00	
City BILOXI	State MS	Zip Code 39532	Transaction ID : <b>SB17.29652</b>
Purpose of Disbursement Door to Door GOTV Worker		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).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663448

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 475 OF 541			
	<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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29676
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	
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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29756
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	
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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29761
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	
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).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663449

**SCHEDULE 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 476 OF 541			
	<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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29773
City BILOXI	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29795
City BILOXI	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. GABBY SCARBROUGH</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 6439 TUXACHANIE #2		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30451
City BILOXI	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663450

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
---	------------------------------------	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. BRENNAN SHANDS**

Full Name (Last, First, Middle Initial)  
Mailing Address 500 JEAN BAPTISTE

City BAY ST LOUIS State MS Zip Code 39520

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period  
75.00

Transaction ID : SB17.30186

**B. BRENNAN SHANDS**

Full Name (Last, First, Middle Initial)  
Mailing Address 500 JEAN BAPTISTE

City BAY ST LOUIS State MS Zip Code 39520

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

Date of Disbursement  
MM / DD / YYYY  
06 / 21 / 2014

Amount of Each Disbursement this Period  
50.00

Transaction ID : SB17.30192

**C. BRENNAN SHANDS**

Full Name (Last, First, Middle Initial)  
Mailing Address 500 JEAN BAPTISTE

City BAY ST LOUIS State MS Zip Code 39520

Purpose of Disbursement  
Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

Date of Disbursement  
MM / DD / YYYY  
06 / 24 / 2014

Amount of Each Disbursement this Period  
135.00

Transaction ID : SB17.30224

**SUBTOTAL** of Disbursements This Page (optional) ..... 260.00

**TOTAL** This Period (last page this line number only) .....

14020663451

**SCHEDULE 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 478 OF 541
	<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. BRYCE SHANDS**

Mailing Address **522 EASTERBROOK ST**

City **BAY ST LOUIS** State **MS** Zip Code **39520**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 19 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.30156**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. BRYCE SHANDS**

Mailing Address **522 EASTERBROOK ST**

City **BAY ST LOUIS** State **MS** Zip Code **39520**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 20 / 2014**

Amount of Each Disbursement this Period  
**75.00**

Transaction ID : **SB17.30188**

Category/Type

Full Name (Last, First, Middle Initial)  
**C. BRYCE SHANDS**

Mailing Address **522 EASTERBROOK ST**

City **BAY ST LOUIS** State **MS** Zip Code **39520**

Purpose of Disbursement  
**Door to Door GOTV Worker**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) **Runoff**

State: District:

Date of Disbursement  
MM / DD / YYYY  
**06 / 21 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.30194**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **200.00**

**TOTAL** This Period (last page this line number only).....

14020663452

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 479 OF 541
	<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. BRYCE SHANDS</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 522 EASTERBROOK ST		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.30220
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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. BRYCE SHANDS</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 522 EASTERBROOK ST		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30225
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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. MORGAN SHANDS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 500 JEAN BAPTISTE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30168
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663453

**SCHEDULE 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 480 OF 541
	<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. MORGAN SHANDS</b>		Date of Disbursement MM/DD/YYYY 06/21/2014
Mailing Address 500 JEAN BAPTISTE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30211
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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. MORGAN SHANDS</b>		Date of Disbursement MM/DD/YYYY 06/23/2014
Mailing Address 500 JEAN BAPTISTE		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.30212
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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. MORGAN SHANDS</b>		Date of Disbursement MM/DD/YYYY 06/24/2014
Mailing Address 500 JEAN BAPTISTE		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.30223
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663454



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 481 OF 541			
	<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. SHELL 49</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 5714 HWY 49 NORTH		Amount of Each Disbursement this Period 31.69
City JACKSON	State MS Zip Code 39211	
Purpose of Disbursement Gas for Campaign Travel		Transaction ID : SB17.28450
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	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL OIL</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 2390 HWY 80 W		Amount of Each Disbursement this Period 31.69
City JACKSON	State MS Zip Code 39205	
Purpose of Disbursement Gas for Campaign Travel		Transaction ID : SB17.28475
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	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMANDA SHOOK</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 214 EAST LAKE DRIVE		Amount of Each Disbursement this Period 39.13
City BRANDON	State MS Zip Code 39047	
Purpose of Disbursement Postage		Transaction ID : SB17.27536
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).....	39.13
<b>TOTAL</b> This Period (last page this line number only).....	

14020663455

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 482 OF 541			
	<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. AMANDA SHOOK</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 214 EAST LAKE DRIVE		Amount of Each Disbursement this Period 2074.15 Transaction ID : SB17.27616
City BRANDON	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29585
City BILOXI	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29586
City BILOXI	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	2224.15
<b>TOTAL</b> This Period (last page this line number only).....	

14020663456

**SCHEDULE 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 483 OF 541			
	<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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29587
City BILOXI	State MS	
Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29668
City BILOXI	State MS	
Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30558
City BILOXI	State MS	
Zip Code 39532	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663457

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 484 OF 541			
	<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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29669
City BILOXI	State MS Zip Code 39532	
Purpose of Disbursement Door to Door GOTV Worker	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30559
City BILOXI	State MS Zip Code 39532	
Purpose of Disbursement GOTV - DOOR TO DOOR	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29670
City BILOXI	State MS Zip Code 39532	
Purpose of Disbursement Door to Door GOTV Worker	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663458

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 485 OF 541
	<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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30560
City BILOXI State MS Zip Code 39532	Purpose of Disbursement GOTV - DOOR TO DOOR	
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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29671
City BILOXI State MS Zip Code 39532	Purpose of Disbursement Door to Door GOTV Worker	
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. CAROL SIMMONS</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 11558 CEDAR LAKE ROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30561
City BILOXI State MS Zip Code 39532	Purpose of Disbursement GOTV - DOOR TO DOOR	
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).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663459

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 486 OF 541

<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. CAROL SIMMONS**

Mailing Address 11558 CEDAR LAKE ROAD

City State Zip Code  
BILOXI MS 39532

Purpose of Disbursement  
Door to Door GOTV Worker

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
06 / 20 / 2014

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : SB17.29672

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CAROL SIMMONS**

Mailing Address 11558 CEDAR LAKE ROAD

City State Zip Code  
BILOXI MS 39532

Purpose of Disbursement  
GOTV - DOOR TO DOOR

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
06 / 20 / 2014

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : SB17.30562

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. ROBERT SIMMONS**

Mailing Address 692 MULBERRY DRIVE

City State Zip Code  
BRANDON MS 39532

Purpose of Disbursement  
GOTV - door to door

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
06 / 19 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.30383

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1150.00
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14020663460

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 487 OF 541
	<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. ROBERT SIMMONS**

Full Name (Last, First, Middle Initial)

Mailing Address 692 MULBERRY DRIVE

City BRANDON State MS Zip Code 39532

Purpose of Disbursement GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.28304

**B. KIRK SIMS**

Full Name (Last, First, Middle Initial)

Mailing Address 4211 BROOKDALE STREET

City JACKSON State MS Zip Code 39206

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 13 / 2014

Amount of Each Disbursement this Period: 5246.25

Transaction ID : SB17.27617

**C. COURTNEY SMITH**

Full Name (Last, First, Middle Initial)

Mailing Address 4901 TANNER ST

City MOSS POINT State MS Zip Code 39563

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 20 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.30644

**SUBTOTAL** of Disbursements This Page (optional)..... 5996.25

**TOTAL** This Period (last page this line number only).....

14020663461

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 488 OF 541			
	<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. WANDA SMITH**

Full Name (Last, First, Middle Initial)

Mailing Address 142 JASPER RD

City MICHIGAN CITY State MS Zip Code 38647

Purpose of Disbursement GOTV - door to door

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 20 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.28300

**B. SOUTHERN AIRWAYS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3088

City MEMPHIS State TN Zip Code 38173

Purpose of Disbursement Travel - Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 19 / 2014

Amount of Each Disbursement this Period: 9836.25

Transaction ID : SB17.28260

**C. PRISCILLA STEVENSON**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1763

City GULFPORT State MS Zip Code 39502

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

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: 45.00

Transaction ID : SB17.30008

**SUBTOTAL** of Disbursements This Page (optional) ..... 10281.25

**TOTAL** This Period (last page this line number only) .....

14020663462



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 489 OF 541			
	<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. PRISCILLA STEVENSON</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address PO BOX 1763		Amount of Each Disbursement this Period 115.00 Transaction ID : SB17.30048
City GULFPORT	State MS	
Zip Code 39502	Purpose of Disbursement Door to Door GOTV Worker	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. DJ STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 7778 TUCKER DR		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.28993
City WALLS	State MS	
Zip Code 38680	Purpose of Disbursement Door to Door GOTV Worker	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. DJ STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 7778 TUCKER DR		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29164
City WALLS	State MS	
Zip Code 38680	Purpose of Disbursement Door to Door GOTV Worker	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).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663463

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 490 OF 541
	<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. DJ STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 7778 TUCKER DR		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29237
City WALLS	State MS	
Zip Code 38680	Purpose of Disbursement Door to Door GOTV Worker	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. DJ STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 7778 TUCKER DR		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29183
City WALLS	State MS	
Zip Code 38680	Purpose of Disbursement Door to Door GOTV Worker	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. DJ STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 7778 TUCKER DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29193
City WALLS	State MS	
Zip Code 38680	Purpose of Disbursement Door to Door GOTV Worker	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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663464

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 491 OF 541			
	<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. JUSTIN STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 86 ST ANNES		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29111
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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. JUSTIN STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 86 ST ANNES		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29127
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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. RUSH STEWART</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 86 ST ANNES		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29110
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663465

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. RUSH STEWART**

Mailing Address **86 ST ANNES**

City **HATTIESBURG** State **MS** Zip Code **39401**

Purpose of Disbursement  
**Door to Door GOTV Worker**

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  
**06 / 21 / 2014**

Amount of Each Disbursement this Period  
**50.00**

Transaction ID : **SB17.29129**

Category/Type

Full Name (Last, First, Middle Initial)  
**B. STONEWALLS BBQ AND CATERING**

Mailing Address **1020 SOUTH MAIN STREET**

City **POPLARVILLE** State **MS** Zip Code **39470**

Purpose of Disbursement  
**Campaign Staff meal**

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  
**06 / 16 / 2014**

Amount of Each Disbursement this Period  
**6.00**

Transaction ID : **SB17.28466**

[MEMO ITEM]

Category/Type

Full Name (Last, First, Middle Initial)  
**C. STONEWALLS BBQ AND CATERING**

Mailing Address **1020 SOUTH MAIN STREET**

City **POPLARVILLE** State **MS** Zip Code **39470**

Purpose of Disbursement  
**Campaign Staff meal**

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  
**06 / 16 / 2014**

Amount of Each Disbursement this Period  
**77.00**

Transaction ID : **SB17.28467**

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **50.00**

**TOTAL** This Period (last page this line number only).....

14020663466

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 493 OF 541	
	<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. STRATEGIC PARTNERS & MEDIA, INC.**

Mailing Address P.O. BOX 480

City ARNOLD State MD Zip Code 21012

Purpose of Disbursement Campaign Media Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 17 / 2014

Amount of Each Disbursement this Period: 3838.77

Transaction ID : SB17.28548

Category/Type

Full Name (Last, First, Middle Initial)  
**B. JENNIFER STRAWBRIDGE**

Mailing Address 122 HOLMAR DR

City BRANDON State MS Zip Code 39042

Purpose of Disbursement Mileage reimbursement, meals, parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 1162.64

Transaction ID : SB17.27550

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 Fee - On-Line Contributions

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 05 / 2014

Amount of Each Disbursement this Period: 270.56

Transaction ID : SB17.27493

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 5271.97

**TOTAL** This Period (last page this line number only).....

14020663467

**SCHEDULE 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 494 OF 541	
	<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 06 / 06 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 205.12 Transaction ID : SB17.27494
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fee - On-Line Contributions	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. STRIPE</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 102.04 Transaction ID : SB17.27496
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fee - On-Line Contributions	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. STRIPE</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 97.81 Transaction ID : SB17.27497
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fee - On-Line Contributions	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).....	404.97
<b>TOTAL</b> This Period (last page this line number only).....	

14020663468

**SCHEDULE 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 495 OF 541			
	<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 06 / 10 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 553.25 Transaction ID : SB17.27498
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fee - On-Line 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 06 / 11 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 695.32 Transaction ID : SB17.27499
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fee - On-Line 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 631.61 Transaction ID : SB17.27500
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fee - On-Line 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1880.18
<b>TOTAL</b> This Period (last page this line number only).....	

14020663469

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
Processing Fee - On-Line Contribution

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
06 / 13 / 2014

Amount of Each Disbursement this Period

473.46
--------

Transaction ID : SB17.27501

Category/  
Type

**B. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
Processing Fee - On-Line Contributions

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
06 / 14 / 2014

Amount of Each Disbursement this Period

291.71
--------

Transaction ID : SB17.27502

Category/  
Type

**C. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
Processing Fee - On-Line Contribution

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
06 / 16 / 2014

Amount of Each Disbursement this Period

178.14
--------

Transaction ID : SB17.27503

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

943.31
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**TOTAL** This Period (last page this line number only).....

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14020663470



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 497 OF 541			
	<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 06 / 17 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 51.65 Transaction ID : SB17.27504
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fee - On-Line 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 231.77 Transaction ID : SB17.27505
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fee - On-Line 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 276.30 Transaction ID : SB17.27507
City SAN FRANCISCO	State CA	
Purpose of Disbursement Processing Fee - On-Line 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	559.72
<b>TOTAL</b> This Period (last page this line number only).....	

14020663471

**SCHEDULE 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 498 OF 541			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. STRIPE**

Mailing Address 3180 18TH ST

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
Processing Fee - On-Line Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
06 / 20 / 2014

Amount of Each Disbursement this Period  
244.95

Transaction ID : SB17.27508

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 Fee - On-Line Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
06 / 22 / 2014

Amount of Each Disbursement this Period  
196.27

Transaction ID : SB17.27508

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 Fee - On-Line Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
06 / 23 / 2014

Amount of Each Disbursement this Period  
65.00

Transaction ID : SB17.27510

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 506.22

**TOTAL** This Period (last page this line number only).....

14020663472

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 499 OF 541
	<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 06 / 24 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 97.50
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fee - On-Line Contributions	Transaction ID : SB17.27739
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. STRIPE</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 75.70
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement Processing Fee - Online contributions	Transaction ID : SB17.28206
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. SUBWAY</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 235 FRONTAGE RD		Amount of Each Disbursement this Period 53.46
City PICAYUNE	State MS	
Zip Code 39466	Purpose of Disbursement Campaign Staff Meal	Transaction ID : SB17.28472
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	173.20
<b>TOTAL</b> This Period (last page this line number only).....	

14020663473

**SCHEDULE 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 500 OF 541			
	<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. CONNOR SUCIER</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 8314 AMOKE DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30171
City DIAMONDHEAD	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. CONNOR SUCIER</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 8314 AMOKE DR		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30190
City DIAMONDHEAD	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. CONNOR SUCIER</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address 8314 AMOKE DR		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30230
City DIAMONDHEAD	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663474

**SCHEDULE 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 501 OF 541
	<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. MILTON SUNDBECK</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address P.O. BOX 1217		Amount of Each Disbursement this Period 1692.81 Transaction ID : SB17.27526
City WEST POINT	State MS	
Zip Code 39773	Purpose of Disbursement In-kind - Host Fundraiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:

Full Name (Last, First, Middle Initial) <b>B. TARGET</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 6365 I-55 N		Amount of Each Disbursement this Period 53.86 Transaction ID : SB17.28414 [MEMO ITEM]
City JACKSON	State MS	
Zip Code 39213	Purpose of Disbursement Campaign Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. KENDRALL TATE</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1400 28TH STREET #237		Amount of Each Disbursement this Period 105.00 Transaction ID : SB17.29990
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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).....	1797.81
<b>TOTAL</b> This Period (last page this line number only).....	

14020663475

**SCHEDULE 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 502 OF 541			
	<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. KENDRALL TATE</b>		Date of Disbursement MM/DD/YYYY 06/22/2014
Mailing Address 1400 28TH STREET #237		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.29997
City GULFPORT	State MS Zip Code 39501	
Purpose of Disbursement Door to Door GOTV Worker	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. LAUREN TAYLOR</b>		Date of Disbursement MM/DD/YYYY 06/20/2014
Mailing Address P.O. BOX 12133		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.28296
City JACKSON	State MS Zip Code 39236	
Purpose of Disbursement GOTV - door to door	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. SEARCY TAYLOR</b>		Date of Disbursement MM/DD/YYYY 06/20/2014
Mailing Address 15310 HAMILTON ST		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.30602
City GULFPORT	State MS Zip Code 39503	
Purpose of Disbursement GOTV - DOOR TO DOOR	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).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663476

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 503 OF 541
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. THE ARMSTRONG GROUP**

Full Name (Last, First, Middle Initial)

Mailing Address 6655 LYNDON B. JOHNSON DR

City JACKSON State MS Zip Code 39213

Purpose of Disbursement GOTV - Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.30271

Category/Type

**B. THE INN AT OLE MISS**

Full Name (Last, First, Middle Initial)

Mailing Address 5 GROVE LOOP #C

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2014

Amount of Each Disbursement this Period: 233.26

Transaction ID : SB17.28418

[MEMO ITEM]

Category/Type

**C. THE INN AT OLE MISS**

Full Name (Last, First, Middle Initial)

Mailing Address 5 GROVE LOOP #C

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2014

Amount of Each Disbursement this Period: 233.26

Transaction ID : SB17.28419

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 1000.00

**TOTAL** This Period (last page this line number only) .....

14020663477

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 504 OF 541	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. THE INN AT OLE MISS**

Full Name (Last, First, Middle Initial)  
Mailing Address 5 GROVE LOOP #C

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Lodging Campaign Staff

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  
234.60

Transaction ID : SB17.28420

[MEMO ITEM]

**B. THE INN AT OLE MISS**

Full Name (Last, First, Middle Initial)  
Mailing Address 5 GROVE LOOP #C

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Lodging Campaign Staff

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 11 / 2014

Amount of Each Disbursement this Period  
606.69

Transaction ID : SB17.28444

[MEMO ITEM]

**C. THE RANKIN RECORD**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 5507

City BRANDON State MS Zip Code 39047

Purpose of Disbursement Advertising - Newspaper Ad

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
1008.00

Transaction ID : SB17.27563

**SUBTOTAL** of Disbursements This Page (optional)..... 1008.00

**TOTAL** This Period (last page this line number only).....

14020663478



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. THE TARRANCE GROUP INC**

Mailing Address 201 N UNION ST  
SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2014

Amount of Each Disbursement this Period  
4500.00

Transaction ID : SB17.28551

Full Name (Last, First, Middle Initial)  
**B. THE YELLOW HOUSE DINNERS**

Mailing Address 511 C STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2014

Amount of Each Disbursement this Period  
297.69

Transaction ID : SB17.27529

Full Name (Last, First, Middle Initial)  
**C. KIRK B. THOMPSON**

Mailing Address 904 HIGHWAY 51

City MADISON State MS Zip Code 39110

Purpose of Disbursement GOTV - door to door, distribute signs, organize volunteers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Runoff

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 25 / 2014

Amount of Each Disbursement this Period  
3750.00

Transaction ID : SB17.27945

**SUBTOTAL** of Disbursements This Page (optional)..... 8547.69

**TOTAL** This Period (last page this line number only).....

14020663479

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 506 OF 541			
	<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. ISAIAH TOLER</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 5834 PERDIDO KEY LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30465
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ISAIAH TOLER</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 5834 PERDIDO KEY LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30528
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ISAIAH TOLER</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 5834 PERDIDO KEY LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30495
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663480

**SCHEDULE 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. GARRETT TYNES**

Full Name (Last, First, Middle Initial)

Mailing Address 2609 BULLIS AVENUE

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 12 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.29241

Category/Type

**B. GARRETT TYNES**

Full Name (Last, First, Middle Initial)

Mailing Address 2609 BULLIS AVENUE

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.29696

Category/Type

**C. USPS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 332

City JACKSON State MS Zip Code 39205

Purpose of Disbursement Campaign Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 49.00

Transaction ID : SB17.28413

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 100.00

**TOTAL** This Period (last page this line number only).....

14020663481

**SCHEDULE 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 508 OF 541
	<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. USPS</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address PO BOX 332		Amount of Each Disbursement this Period 44.10
City JACKSON	State MS Zip Code 39205	
Purpose of Disbursement Campaign Supplies	Candidate Name	Transaction ID : SB17.28441
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address PO BOX 332		Amount of Each Disbursement this Period 637.00
City JACKSON	State MS Zip Code 39205	
Purpose of Disbursement Campaign Supplies	Candidate Name	Transaction ID : SB17.28442
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. DANA VANVECKHOVEN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 4916 15TH PL		Amount of Each Disbursement this Period 1500.00
City MERIDIAN	State MS Zip Code 39305	
Purpose of Disbursement In-kind - Advertising	Candidate Name	Transaction ID : SB17.27521
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) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663482

**SCHEDULE 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 509 OF 541
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL VANVECKHOVEN</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 4916 15TH PL		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.27520
City MERIDIAN	State MS	
Zip Code 39305	Purpose of Disbursement In-kind - Advertising	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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address P.O. BOX 580334		Amount of Each Disbursement this Period 94.86 Transaction ID : SB17.27586
City CHARLOTTE	State NC	
Zip Code 28258	Purpose of Disbursement Cell phone service	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	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

Full Name (Last, First, Middle Initial) <b>C. DYLAN VIVONI</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 23021 DOLPH KELLAR ROAD		Amount of Each Disbursement this Period 811.50 Transaction ID : SB17.27535
City PICAYUNE	State MS	
Zip Code 39466	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 type="checkbox"/> General	State: District:
<input checked="" type="checkbox"/> Other (specify) Runoff		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2406.36
<b>TOTAL</b> This Period (last page this line number only).....	

14020663483

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 510 OF 541
	<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. VOTESANE PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 10 / 2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.30424

[MEMO ITEM]

**B. VOTESANE PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 17 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.30425

[MEMO ITEM]

**C. VOTESANE PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 24 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.30427

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only).....

14020663484

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A. VOTESANE PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2713

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement Processing Fee - Online Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM/DD/YYYY 06/30/2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.30428

[MEMO ITEM]

**B. MARY KATE WALDRON**

Full Name (Last, First, Middle Initial)

Mailing Address 118 COLLEGE DRIVE

City HATTIESBURG State MS Zip Code 39406

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

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: 50.00

Transaction ID : SB17.29148

**C. ZACH WALDROP**

Full Name (Last, First, Middle Initial)

Mailing Address 4711 KENDALL AVENUE

City GULFPORT State MS Zip Code 39507

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: MM/DD/YYYY 06/14/2014

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.29706

**SUBTOTAL** of Disbursements This Page (optional)..... 100.00

**TOTAL** This Period (last page this line number only).....

14020663485

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 512 OF 541	
	<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. ZACH WALDROP</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 4711 KENDALL AVENUE		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.29728
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. ZACH WALDROP</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 4711 KENDALL AVENUE		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.29832
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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 WALDROP</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 4711 KENDALL AVENUE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29856
City GULFPORT	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663486



**SCHEDULE 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. ZACH WALDROP</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 4711 KENDALL AVENUE		Amount of Each Disbursement this Period 75.00	
City GULFPORT	State MS	Zip Code 39507	Transaction ID : SB17.29893
Purpose of Disbursement Door to Door GOTV Worker		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. ZACH WALDROP</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014	
Mailing Address 4711 KENDALL AVENUE		Amount of Each Disbursement this Period 50.00	
City GULFPORT	State MS	Zip Code 39507	Transaction ID : SB17.29973
Purpose of Disbursement Door to Door GOTV Worker		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 WALDROP</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2014	
Mailing Address 4711 KENDALL AVENUE		Amount of Each Disbursement this Period 95.00	
City GULFPORT	State MS	Zip Code 39507	Transaction ID : SB17.30061
Purpose of Disbursement Door to Door GOTV Worker		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).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663487

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 514 OF 541
	<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. WALGREENS</b>		Date of Disbursement MM/DD/YYYY 06/04/2014
Mailing Address 3835 NORTHBROOK DRIVE		Amount of Each Disbursement this Period 23.75 Transaction ID : SB17.28422
City JACKSON State MS Zip Code 39205	Purpose of Disbursement Campaign Supplies	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WALKER'S DRIVE-IN</b>		Date of Disbursement MM/DD/YYYY 06/27/2014
Mailing Address 3016 NORTH STATE STREET		Amount of Each Disbursement this Period 9324.04 Transaction ID : SB17.28514
City JACKSON State MS Zip Code 39216	Purpose of Disbursement Catering Campaign Even	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. JOSHUA WALLACE</b>		Date of Disbursement MM/DD/YYYY 06/13/2014
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.29597
City OCEAN SPRINGS State MS Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9349.04
<b>TOTAL</b> This Period (last page this line number only).....	

14020663488

**SCHEDULE 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. JOSHUA WALLACE</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29643
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. JOSHUA WALLACE</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29621
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. JOSHUA WALLACE</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29678
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663489

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 516 OF 541			
	<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. JOSHUA WALLACE</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30456
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. JOSHUA WALLACE</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.30542
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JOSHUA WALLACE</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30492
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663490

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 517 OF 541	
	<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. JOSHUA WALLACE</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 104 HICKORY DRIVE		Amount of Each Disbursement this Period 25.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.30596
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. WALMART SUPERCENTER</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014	
Mailing Address 2681 CT SWITZER SR DR		Amount of Each Disbursement this Period 11.74	
City BILOXI	State MS	Zip Code 39531	Transaction ID : SB17.28463
Purpose of Disbursement Campaign Supplies		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. De'MARCO WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 1301 SPRUCE STREET		Amount of Each Disbursement this Period 75.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.29749
Purpose of Disbursement Door to Door GOTV Worker		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:			

SUBTOTAL of Disbursements This Page (optional) .....	100.00
TOTAL This Period (last page this line number only) .....	

14020663491

**SCHEDULE 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 518 OF 541			
	<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. De'MARCO WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1301 SPRUCE STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29784
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. De'MARCO WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1301 SPRUCE STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29853
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. De'MARCO WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1301 SPRUCE STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30461
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663492

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 519 OF 541
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>A. De'MARCO WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1301 SPRUCE STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30537
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. De'MARCO WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1301 SPRUCE STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30499
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. De'MARCO WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1301 SPRUCE STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30574
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663493

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 520 OF 541			
	<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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29591
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29600
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29657
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663494



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 521 OF 541
	<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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29660
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29739
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29740
City OCEAN SPRINGS	State MS	
Zip Code 39564	Purpose of Disbursement Door to Door GOTV Worker	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:	

SUBTOTAL of Disbursements This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

14020663495

**SCHEDULE 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 522 OF 541
	<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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29765
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30475
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30532
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663496

**SCHEDULE 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) <b>A. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30505
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TYLER WARD</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1228 WELLINGTON LANE		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30572
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JAYE WAREN</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 522 EASTERBROOKS		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30187
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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) .....	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663497

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 524 OF 541
	<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. JAYE WAREN</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 522 EASTERBROOKS		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.30193
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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. JAYE WAREN</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 522 EASTERBROOKS		Amount of Each Disbursement this Period 115.00 Transaction ID : SB17.30221
City BAY ST LOUIS	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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. MEGAN WATKINS</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 231 RED BANKS RD		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.29572
City RED BANKS	State MS	
Zip Code 38661	Purpose of Disbursement Door to Door GOTV Worker	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) .....	265.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663498

**SCHEDULE 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**

**A. HANNAH WHITEHEAD**

Full Name (Last, First, Middle Initial)

Mailing Address 6525 OLD FORT BAYOU RD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

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: 75.00

Transaction ID : SB17.29627

**B. HANNAH WHITEHEAD**

Full Name (Last, First, Middle Initial)

Mailing Address 6525 OLD FORT BAYOU RD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 14 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.29653

**C. HANNAH WHITEHEAD**

Full Name (Last, First, Middle Initial)

Mailing Address 6525 OLD FORT BAYOU RD

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement Door to Door GOTV Worker

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement: 06 / 15 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.29754

**SUBTOTAL** of Disbursements This Page (optional)..... 225.00

**TOTAL** This Period (last page this line number only).....

14020663499

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 526 OF 541			
	<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. HANNAH WHITEHEAD</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 6525 OLD FORT BAYOU RD		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29757
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. HANNAH WHITEHEAD</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 6525 OLD FORT BAYOU RD		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29770
City OCEAN SPRINGS	State MS	
Purpose of Disbursement Door to Door GOTV Worker		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. HANNAH WHITEHEAD</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 6525 OLD FORT BAYOU RD		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30449
City OCEAN SPRINGS	State MS	
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663500

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 527 OF 541
	<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. HANNAH WHITEHEAD</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 6525 OLD FORT BAYOU RD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30577
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

Full Name (Last, First, Middle Initial) <b>B. KRISTEN WHITNEY</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 148 7TH STREET		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.30174
City WAVELAND	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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. KRISTEN WHITNEY</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 148 7TH STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.30196
City WAVELAND	State MS	
Zip Code 39520	Purpose of Disbursement Door to Door GOTV Worker	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).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663501

**SCHEDULE 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 528 OF 541			
	<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. IVORY WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 624 SOUTH 7TH AVENUE		Amount of Each Disbursement this Period 3000.00	
City LAUREL	State MS	Zip Code 39440	Transaction ID : SB17.28292
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. JOHN ELLIS WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 2622 ROLLING MEADOWS LANE SE		Amount of Each Disbursement this Period 900.00	
City BOGUE CHITTO	State MS	Zip Code 39629	Transaction ID : SB17.28584
Purpose of Disbursement Door to Door GOTV Worker		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. KENDYL WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014	
Mailing Address 503 RUE CHATEAUGUAY		Amount of Each Disbursement this Period 50.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.30487
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3950.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663502



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 529 OF 541			
	<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. KENDYL WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014	
Mailing Address 503 RUE CHATEAUGUAY		Amount of Each Disbursement this Period 25.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.30485
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. KENDYL WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014	
Mailing Address 503 RUE CHATEAUGUAY		Amount of Each Disbursement this Period 50.00	
City OCEAN SPRINGS	State MS	Zip Code 39564	Transaction ID : SB17.30563
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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. LINDA WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014	
Mailing Address 1212 DEWEY STREET		Amount of Each Disbursement this Period 50.00	
City HATTIESBURG	State MS	Zip Code 39401	Transaction ID : SB17.29087
Purpose of Disbursement Door to Door GOTV Worker		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) .....	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663503

**SCHEDULE 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 530 OF 541
	<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. LINDA WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 1212 DEWEY STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29104
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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. MELVIN WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 422 MOBILE STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29089
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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. MELVIN WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 422 MOBILE STREET		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.29103
City HATTIESBURG	State MS	
Zip Code 39401	Purpose of Disbursement Door to Door GOTV Worker	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).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020663504

**SCHEDULE 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 531 OF 541			
	<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. SEAN WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29248
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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. SEAN WILLIAMS</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2014
Mailing Address 108 EAST RAILROAD		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.29703
City GULFPORT	State MS	
Zip Code 39501	Purpose of Disbursement Door to Door GOTV Worker	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. BLAKE WINDHAM</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 202 ASHLEY PLACE		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.30550
City OCEAN SPRINGS	State MS	
Zip Code 39564	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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020663505

**SCHEDULE 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**

**A. BLAKE WINDHAM**

Full Name (Last, First, Middle Initial)

Mailing Address 202 ASHLEY PLACE

City OCEAN SPRINGS State MS Zip Code 39564

Purpose of Disbursement GOTV - DOOR TO DOOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 23 / 2014

Amount of Each Disbursement this Period 75.00

Transaction ID : SB17.30582

Category/Type

**B. YOUR EXTRA CLOSET**

Full Name (Last, First, Middle Initial)

Mailing Address 476 HWY 6 WEST

City OXFORD State MS Zip Code 38655

Purpose of Disbursement Rent - storage unit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff

State: District:

Date of Disbursement 06 / 23 / 2014

Amount of Each Disbursement this Period 55.00

Transaction ID : SB17.27588

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 130.00

**TOTAL** This Period (last page this line number only) ..... 1285884.95

14020663506

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 533 OF 541
	<input type="checkbox"/> 17 <input checked="" 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. GLENN McCULLOUGH Sr.**

Full Name (Last, First, Middle Initial)

Mailing Address 1717 McCULLOUGH BLVD

City TUPELO State MS Zip Code 38801

Purpose of Disbursement Refund of contribution coverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 11 / 2014

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB20A.27559

Category/Type

**B. JOHN W. McPHERSON Jr.**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 690

City INDIANOLA State MS Zip Code 38751

Purpose of Disbursement Refund of contribution coverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 18 / 2014

Amount of Each Disbursement this Period: 553.34

Transaction ID : SB20A.27581

Category/Type

**C. TRAVIS H. SATTERFIELD**

Full Name (Last, First, Middle Initial)

Mailing Address 313 PALMER-SATTERFIELD RD

City BENOIT State MS Zip Code 38725

Purpose of Disbursement Refund of contribution coverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 18 / 2014

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB20A.27579

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 1853.34

**TOTAL** This Period (last page this line number only)..... 1853.34

14020663507

**SCHEDULE 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. PICKERING FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 155 DOMINION PARK WAY

City BRANDON State MS Zip Code 39042

Purpose of Disbursement  
Refund of contribution coverage

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify)

State: MS District: 03

Date of Disbursement  
MM / DD / YYYY  
06 / 18 / 2014

Amount of Each Disbursement this Period  
2250.00

Transaction ID : SB20C.27577

**B.**

Full Name (Last, First, Middle Initial)  
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  
MM / DD / YYYY

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
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  
MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

2250.00

14020663508

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.26252

**CITIZENS FOR COCHRAN**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**BANK OF NEW ALBANY**

Election: 2014

Primary  
 General  
 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	0.00	150000.00

**TERMS**

Date Incurred: 05 / 29 / 2014 Date Due: 7/29/2014 Interest Rate: 4.50 % (apr) Secured:  Yes  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: 150000.00 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:

**SUBTOTALS** This Period This Page (optional)...

150000.00

**TOTALS** This Period (last page in this line only) ..

150000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020663509

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 536 OF 541
	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 <b>A2Z 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 20093.40	Transaction ID : <b>SD10.26389</b>
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 20093.40	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>A2Z 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 0.00	Transaction ID : <b>SD10.28501</b>
Amount Incurred This Period 69073.18	Outstanding Balance at Close of This Period 59666.58
Payment This Period 9406.60	

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 0.00	Transaction ID : <b>SD10.28553</b>
Amount Incurred This Period 35035.31	Outstanding Balance at Close of This Period 35035.31
Payment This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	▶	94701.89
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) ▶		

14020663510



**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>CLEARVIEW</b>	Nature of Debt (Purpose): <b>Database Services</b>
Mailing Address <b>210 EAST CAPITOL ST</b>	
City State Zip Code <b>JACKSON MS 39201</b>	

Outstanding Balance Beginning This Period <b>0.00</b>	Transaction ID : <b>SD10.28554</b>
Amount Incurred This Period <b>41833.53</b>	Outstanding Balance at Close of This Period <b>6833.53</b>
Payment This Period <b>35000.00</b>	

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 <b>P.O. BOX 13292</b>	
City State Zip Code <b>JACKSON MS 39236</b>	

Outstanding Balance Beginning This Period <b>35174.47</b>	Transaction ID : <b>SD10.26381</b>
Amount Incurred This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>10174.47</b>
Payment This Period <b>25000.00</b>	

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 <b>P.O. BOX 531</b>	
City State Zip Code <b>JACKSON MS 39205</b>	

Outstanding Balance Beginning This Period <b>13764.72</b>	Transaction ID : <b>SD10.26392</b>
Amount Incurred This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>0.00</b>
Payment This Period <b>13764.72</b>	

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<b>17008.00</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)	

14020663511

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**GODWIN GROUP**

Nature of Debt (Purpose):  
**Media Services**

Mailing Address **P.O. BOX 531**

City State Zip Code  
**JACKSON MS 39205**

Outstanding Balance Beginning This Period  
**0.00**

Transaction ID : **SD10.28505**

Amount Incurred This Period  
**103000.00**

Payment This Period  
**26235.28**

Outstanding Balance at Close of This Period  
**76764.72**

B. 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  
**15732.18**

Transaction ID : **SD10.26387**

Amount Incurred This Period  
**0.00**

Payment This Period  
**15732.18**

Outstanding Balance at Close of This Period  
**0.00**

C. 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  
**0.00**

Transaction ID : **SD10.28530**

Amount Incurred This Period  
**64937.00**

Payment This Period  
**41410.09**

Outstanding Balance at Close of This Period  
**23526.91**

- 1) **SUBTOTALS** This Period This Page (optional) ... ▶
- 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) ▶

**100291.63**

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**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 539 OF 541
	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 <b>HILTON JACKSON</b>	Nature of Debt (Purpose): Campaign Event
Mailing Address 1001 EAST COUNTY LINE RD	
City State Zip Code JACKSON MS 39211	

Outstanding Balance Beginning This Period 17134.05	Transaction ID : SD10.26382
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 17134.05	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RED OCTOBER PRODUCTIONS, INC.</b>	Nature of Debt (Purpose): Media Production
Mailing Address P.O. BOX 480	
City State Zip Code ARNOLD MD 21012	

Outstanding Balance Beginning This Period 27250.37	Transaction ID : SD10.26388
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 0.00
Payment This Period 27250.37	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RED OCTOBER PRODUCTIONS, INC.</b>	Nature of Debt (Purpose): Media Production
Mailing Address P.O. BOX 480	
City State Zip Code ARNOLD MD 21012	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.28544
Amount Incurred This Period 46484.46	Outstanding Balance at Close of This Period 35546.26
Payment This Period 10938.20	

1) SUBTOTALS This Period This Page (optional) ...	35546.26
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) ▶	

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**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  
**STRATEGIC PARTNERS & MEDIA, INC.**  
 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 **3838.77** Transaction ID : SD10.26384  
 Amount Incurred This Period **0.00** Payment This Period **3838.77** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**STRATEGIC PARTNERS & MEDIA, INC.**  
 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 **0.00** Transaction ID : SD10.28549  
 Amount Incurred This Period **5267.26** Payment This Period **0.00** Outstanding Balance at Close of This Period **5267.26**

C. 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 **24100.00** Transaction ID : SD10.26391  
 Amount Incurred This Period **0.00** Payment This Period **4500.00** Outstanding Balance at Close of This Period **19600.00**

1) SUBTOTALS This Period This Page (optional) ...	▶	<b>24867.26</b>
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) ▶		

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**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>TIMES FLY PRODUCTION</b>		Nature of Debt (Purpose): Media Production	
Mailing Address <b>144 TWELVE OAKS TRACE</b>			
City	State	Zip Code	
<b>CANTON</b>	<b>MS</b>	<b>39046</b>	
Outstanding Balance Beginning This Period <b>18336.00</b>		Transaction ID : <b>SD10.26390</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>	Outstanding Balance at Close of This Period <b>18336.00</b>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>WALKER'S DRIVE-IN</b>		Nature of Debt (Purpose): Catering - Campaign Event	
Mailing Address <b>3016 NORTH STATE STREET</b>			
City	State	Zip Code	
<b>JACKSON</b>	<b>MS</b>	<b>39216</b>	
Outstanding Balance Beginning This Period <b>9324.04</b>		Transaction ID : <b>SD10.26385</b>	
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>9324.04</b>	Outstanding Balance at Close of This Period <b>0.00</b>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<b>18336.00</b>
2) <b>TOTALS</b> This Period (last page this line number) ...	<b>290751.04</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)...	<b>150000.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ...	<b>440751.04</b>

14020663515

JANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
MAIL RATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

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OFFICE OF PUBLIC RECORDS

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USPS REGISTERED/CERTIFIED \_\_\_\_\_

Postmark

USPS PRIORITY MAIL \_\_\_\_\_

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_

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OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

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DEL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_

Date of Receipt

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Date of Receipt

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Date of Receipt or Postmark

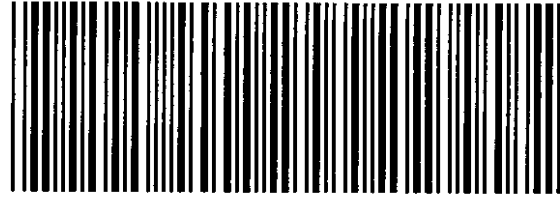
PREPARER \_\_\_\_\_

**NW**

DATE PREPARED

**8/15/14**

14020663516



SEN PATCH



SEN PATCH

14020663517