

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**

CASSIDY VICTORY

ADDRESS (number and street)

500 CUMMINGS CENTER SUITE 4400

C/O RED CURVE SOLUTIONS

Check if different than previously reported. (ACC)

BEVERLY

MA

01915

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C C00564203

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

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - May 20 (M5)
 - Aug 20 (M8)
 - Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3)
 - Jun 20 (M6)
 - Sep 20 (M9)
 - Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4)
 - Jul 20 (M7)
 - Oct 20 (M10)
 - Jan 31 (YE)

- (c) 12-Day **PRE-Election** Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on / / in the State of

- (d) 30-Day **POST-Election** Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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 BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE [Electronically Filed] Date 07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CASSIDY VICTORY

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="42800.00"/>	<input type="text" value="42800.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="42800.00"/>	<input type="text" value="42800.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27840.00"/>	<input type="text" value="27840.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14960.00"/>	<input type="text" value="14960.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CASSIDY VICTORY

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32750.00	32750.00
(ii) Unitemized	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32800.00	32800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	42800.00	42800.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42800.00	42800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42800.00	42800.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	27840.00	27840.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27840.00	27840.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27840.00	27840.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42800.00	42800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42800.00	42800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

Full Name (Last, First, Middle Initial) A. AMIR ASSEF		Date of Receipt
Mailing Address 6720 WATER OAK COURT		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
City	State	Zip Code
BATON ROUGE	LA	70817
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.4117
Name of Employer	Occupation	Amount of Each Receipt this Period
HM6	PHYSICIAN	500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. GAY M BARNETT		Date of Receipt
Mailing Address 2727 WINDRUSH WAY		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
City	State	Zip Code
BATON ROUGE	LA	70809
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.4141
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. WILFRED B BARRY		Date of Receipt
Mailing Address PO BOX 1751		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
City	State	Zip Code
BATON ROUGE	LA	70821
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.4151
Name of Employer	Occupation	Amount of Each Receipt this Period
SJB GROUP, INC.	PRESIDENT	5000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)
A. JIM BREWER

Mailing Address 17421 W. MUIRFIELD DRIVE

City State Zip Code
BATON ROUGE LA 70810

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

Name of Employer Occupation
THE BREWER GROUP, LLC PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4155

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. CASSIE FELDER & ASSOCIATES LLC

Mailing Address 263 3RD ST.

City State Zip Code
BATON ROUGE LA 70801

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
500.00

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

Full Name (Last, First, Middle Initial)
C. EDWARD CHIASSON

Mailing Address 7038 WOODSTOCK DRIVE

City State Zip Code
BATON ROUGE LA 70809

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

Name of Employer Occupation
OUR LADY OF THE LAKE RMC TRAUMA, GENERAL SURGERY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. EDWARD S COMEAUX
Full Name (Last, First, Middle Initial)

Mailing Address 44043 STRINGER BRIDGE ROAD

City ST. AMANT	State LA	Zip Code 70774
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FEC ID number of contributing federal political committee. **C**

Name of Employer ACADIAN AMBULANCE SERVICE, INC	Occupation MANAGER
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
1000.00

B. ART FAVRE
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 82285

City BATON ROUGE	State LA	Zip Code 70884
---------------------	-------------	-------------------

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

Name of Employer PERFORMANCE CONTRACTORS, INC.	Occupation CONTRACTOR
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
10000.00

C. CASSIE FELDER
Full Name (Last, First, Middle Initial)

Mailing Address 263 3RD ST.

City BATON ROUGE	State LA	Zip Code 70801
---------------------	-------------	-------------------

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

Name of Employer CASSIE FELDER & ASSOCIATES LLC	Occupation PARTNER
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
500.00

PARTNERSHIP ATTRIBUTION - CASSIE FELDER & ASSOCIATES LLC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. P DON HIDALGO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4637 JAMESTOWN AVENUE
 City State Zip Code
 BATON ROUGE LA 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HEALTH ASSOCIATES CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4135
 Amount of Each Receipt this Period
 500.00

B. DOUGLAS AL JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 MEADOW LEA DR.
 City State Zip Code
 BATON ROUGE LA 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AL JONES ARCHIET ARCHITECT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4113
 Amount of Each Receipt this Period
 500.00

C. DAN JUMONVILLE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 65133
 City State Zip Code
 BATON ROUGE LA 70896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GROUP INSURANCE, INC. INSURANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4115
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. KRACT & FRAZIER, L.L.P.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5149 BLUEBONNET BLVD.
 City State Zip Code
 BATON ROUGE LA 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4153
 Amount of Each Receipt this Period
 500.00
 PARTNERSHIP CONTRIBUTION - ATTRIBUTION INFORMATION REQUESTED

B. ALAN W. MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 TRAVIS STREET
 SUITE 1910
 City State Zip Code
 SHREVEPORT LA 71101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MURCO OIL & GAS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.4131
 Amount of Each Receipt this Period
 2600.00

C. THOMAS H. MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 TRAVIS STREET
 SUITE 1910
 City State Zip Code
 SHREVEPORT LA 71101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MURCO OIL & GAS PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2014
Transaction ID : SA11AI.4133
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 8100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

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

Mailing Address 7245 DONALDSON DRIVE

City GONZALES State LA Zip Code 70737

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

Name of Employer MARATHON PETROLEUM CO, LLC Occupation TECHNICAL SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.4157

Amount of Each Receipt this Period
500.00

B. F.H. SAVOIE JR.
Full Name (Last, First, Middle Initial)

Mailing Address 10655 NORTH STANWICK PLACE

City BATON ROUGE State LA Zip Code 70810

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
500.00

C. CHARLES E SCHWING
Full Name (Last, First, Middle Initial)

Mailing Address 9422 COMMON STREET SUITE 2

City BATON ROUGE State LA Zip Code 70809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

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

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial) A. LOREN SCOTT		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 743 WOODVIEW COURT		Transaction ID : SA11AI.4129
City BATON ROUGE	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation ECONOMIC CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. E GRAHAM THOMPSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 8655 JEFFERSON HIGHWAY 13		Transaction ID : SA11AI.4125
City BATON ROUGE	State LA	Zip Code 70809
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. NANCY R WEBSTER		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 8258 OAK CREEK DRIVE		Transaction ID : SA11AI.4111
City BATON ROUGE	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer A WOMAN'S CENTER FOR REPRODUCTIVE I	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

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

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. PAMELA ELIAS WELSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 11042 SHORELINE DRIVE
 City State Zip Code
 BATON ROUGE LA 70809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF REALTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4127
 Amount of Each Receipt this Period
 1000.00

B. JOSEPH C WILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 914 E. CORNERVIEW STREET
 City State Zip Code
 GONZALES LA 70737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EXCEL GROUP SERVICES, INC GENERAL COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11AI.4149
 Amount of Each Receipt this Period
 1000.00

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	32750.00

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

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

FOR LINE NUMBER: PAGE 14 OF 15
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)
Mailing Address ONE VALERO WAY
City SAN ANTONIO State TX Zip Code 78249
FEC ID number of contributing federal political committee. **C** C00109546
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2014
Transaction ID : SA11C.4159
Amount of Each Receipt this Period
10000.00

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR U.S. SENATE

Mailing Address P.O. BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : **SB22.4106**

Amount of Each Disbursement this Period

3	7	8	2	.	6	1
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Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR U.S. SENATE

Mailing Address P.O. BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : **SB22.4107**

Amount of Each Disbursement this Period

9	7	5	9	.	1	3
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Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF LOUISIANA

Mailing Address C/O RED CURVE SOLUTIONS
500 CUMMINGS CENTER, SUITE 4400

City State Zip Code
BEVERLY MA 01915

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

Transaction ID : **SB22.4109**

Amount of Each Disbursement this Period

1	4	2	9	.	8	2	6
---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	7	8	4	0	0
---	---	---	---	---	---

2	7	8	4	0	0
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