

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 9 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. 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).....▶	