REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 17 A 3:16

1. NAME OF COMMITTEE (In full)

Cooksey for Congress Committee

ADDRESS (number and street) ☐ Check if different than previously reported.

Post Office Box 7600

CITY, STATE and ZIP CODE STATE/DISTRICT

Monroe, LA 712117600

2. FEC IDENTIFICATION NUMBER

C00307348

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 07/01/2000 through 09/30/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	123,129.44	329,568.44
	(b) Total Contribution Refunds (From Line 20(d))	600.00	1,200.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	122,529.44	328,368.44
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	108,479.31	233,221.83
	(b) Total Offsets to Operating Expenditures (from Line 14)	75.00	75.00
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	108,404.31	233,146.83
8.	Cash on Hand at Close of Reporting Period (from Line 27)	340,905.19	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Ron W. Stewart

Signature of Treasurer Ron W. Stewart, CPA Date 10-13-00

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

FEC FORM 3
(Revised 4/97)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
Cooksey for Congress Committee	From: 07/01/2000	To: 09/30/2000

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)	66,025.00	
(ii) Unitemized	19,385.00	
(iii)Total of contributions from individual	85,410.00	243,501.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	37,719.44	85,087.44
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	123,129.44	328,588.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	75.00	75.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	4,039.31	10,321.80
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	127,243.75	338,985.24
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	108,479.31	239,221.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	5,531.00	5,531.00
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	5,531.00	5,531.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	600.00	1,200.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)	600.00	1,200.00
21. OTHER DISBURSEMENTS		11,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	114,610.31	256,952.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	328,271.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	127,243.75
25. SUBTOTAL (add Line 23 and Line 24)	455,515.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)	114,610.31
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	340,905.19

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 25

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Paul K. Adams Post Office Box 5006 Alexandria,LA 71307-	Adams Pest Control Occupation: Owner	08/24/2000 Aggregate Year-to-Date -> 500.00	100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Kent Anderson 2707 Pargoud Boulevard Monroe,LA 71201	Retired Occupation: Banker	09/08/2000 REDESIGNATION of 9.08.00 Aggregate Year-to-Date -> 0.00	1,000.00 MEMO
Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000			

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Kent Anderson 2707 Pargoud Boulevard Monroe,LA 71201	Retired Occupation: Banker	09/08/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Laurence W. Arend 622 Pine Street New Orleans,LA 70118-	self employed Occupation: Physician	09/30/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Richard B. Ashman 1407 1st Street New Orleans,LA 70130-	Charter Research WC. Occupation: Medical Research	09/30/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. J. A. Auger Route 2 Marion,LA 71260-	self employed Occupation: Trucking	09/20/2000 Aggregate Year-to-Date -> 500.00	500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James K. Baker 6501 Bellaire Drive New Orleans,LA 70124-	Best Effort J Occupation:	09/30/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mrs. Margaret Barker 3356 Deborah Drive Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Best Effort J Occupation	09/30/2000 Aggregate Year-to-Date -> 250.00	250.00
B. Mrs. Sherry Baugh 296 Mt. Vernon Church Road West Monroe, LA 71292- Receipt For: [X] Primary [X] General [ ] Other (specify)	Best Effort J Occupation	09/30/2000 Aggregate Year-to-Date -> 750.00	750.00
C. Mr. Robert E. Bentz 3605 Jefferson Davis Drive Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	R.E. Bentz, Inc. Occupation Consultant	09/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
D. Mrs. Henry Biedenharn 2800 Point Drive Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	No Employer Occupation Homemaker	09/08/2000 Aggregate Year-to-Date -> -750.00	250.00
E. Ms. Charlotte Bollinger P.O. Box 250 Lockport, LA 70374- Receipt For: [X] Primary [X] General [ ] Other (specify)	Bollinger Ships Occupation Secretary & Board Member	09/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
F. Mr. Christopher B. Bollinger P.O. Box 250 Lockport, LA 70374- Receipt For: [X] Primary [X] General [ ] Other (specify)	Chand Corporation Occupation President	09/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
G. Mrs. Joy Bollinger P.O. Box 250 Lockport, LA 70374- Receipt For: [X] Primary [X] General [ ] Other (specify)	Retired Occupation Education Administrator	09/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)	5,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 25

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Melissa Brown 6010 West Mill Road Flourtown,PA 19031-	self employed Occupation: Physician	09/08/2000	1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Thomas S. Chance 303 Mill Valley Run Lafayette,LA 70508-	C&C Technologies, Inc. Occupation: Engineer	09/12/2000	500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Carolyn Maureen Clawson 190 Walnut St. New Orleans,LA 70118-4831	Retired Occupation: Physician	09/06/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Joseph E. Clements, Jr. 5433 S. Pointer Ct. Baton Rouge,LA 70809-	PSR Restaurants,LLC Occupation: Owner	09/30/2000	500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Jack S. Coussons 3233 Pines Road Shreveport,LA 71119-	Best Effort J Occupation:	07/17/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Jack S. Coussons 3233 Pines Road Shreveport,LA 71119-	Best Effort J Occupation:	09/30/2000	100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	350.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Fred C. Culpepper, Jr. 3506 Loop Road Monroe,LA 71201	self employed Occupation: Consultant	09/22/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	2,850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. O. N. Debezies, Jr. 6016 St. Charles Avenue New Orleans, LA 70115	self employed Occupation Physician	08/03/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Vanda L. Davidson 2023 Bilbmore Blvd. Alexandria, LA 71301	self employed Occupation Physician	09/06/2000	100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year to Date ->	350.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Paul M. Davis, Jr. 3600 Jackson Street, Suite 126 Alexandria, LA 71303-	self employed Occupation Physician	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	750.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Bonnie Adair Dickson 245 Coin Du Lestin Drive Slidell, LA 70460-	Retired Occupation Physician	08/21/2000	100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	100.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Bonnie Adair Dickson 245 Coin Du Lestin Drive Slidell, LA 70460	Retired Occupation Physician	09/30/2000	1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,100.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Bonnie Adair Dickson 245 Coin Du Lestin Drive Slidell, LA 70460-	Retired Occupation Physician	09/30/2000 REDESIGNATION of 09.30.00	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Aggregate Year-to-Date ->	1,100.00	MEMO

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Edward L. Diefenthal 480 Woodvine Avenue Metairie, LA 70005-4442	Southern Holdings Occupation CEO	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	1,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and Zip Code Mr. C. John Diez 38192 Bantam Trucks Gonzales,LA 70737- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Southwest Computer Bureau Occupation: Owner Aggregate Year-to-Date -> 500.00	08/01/2000	500.00
B. Full Name, Mailing Address and Zip Code Mrs. Nelda H. Dilworth 660 Thora Blvd Shreveport,LA 71106-1522 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Best Effort J Occupation: Aggregate Year-to-Date -> 250.00	07/17/2000	250.00
C. Full Name, Mailing Address and Zip Code Mrs. Kay E. Donnelly-Rumage 63 McKinley Street Kenner,LA 70065- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Cure,Knaak & Donnelly, Inc. Occupation: Court Reporter Aggregate Year-to-Date -> 1,000.00	09/30/2000	1,000.00
D. Full Name, Mailing Address and Zip Code Dr. Rene' Dugas 2802 Kilpatrick Blvd. Monroe,LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Physician Aggregate Year-to-Date -> 500.00	09/20/2000	500.00
E. Full Name, Mailing Address and Zip Code Mr. Paul Eason 2311 Briarmoor Monroe,LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: CBC Occupation: President Aggregate Year-to-Date -> 500.00	07/17/2000	500.00
F. Full Name, Mailing Address and Zip Code Mr. Jadd P. Ehlinger 419 Brockenbraugh Ct. Metairie,LA 70001- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Ehlinger Management Corp Occupation: architect Aggregate Year-to-Date -> 250.00	09/30/2000	250.00
G. Full Name, Mailing Address and Zip Code Mr. Harold Elliott P.O. Box 278 Glenmora,LA 71433- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Forester Aggregate Year-to-Date -> 300.00	09/06/2000	50.00

SUBTOTAL of Receipts This Page (optional)	3,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Dr. Erwin Eggert Jr. 4823 Pine Bluff Rd. Lake Charles,LA 70605- **Receipt For:** [X] Primary [X] General [ ] Other (specify)	**Name of Employer** self employed **Occupation** Physician **Aggregate Year-to-Date ->** 1,000.00	**Date (month, day, year)** 07/20/2000	**Amount of Each Receipt this Period** 1,000.00
B. Full Name, Mailing Address and Zip Code Mrs. Quentin Falgoust 739 Hwy. 308 Thibodaux,LA 70301- **Receipt For:** [X] Primary [X] General [ ] Other (specify)	**Name of Employer** self employed **Occupation** Decorator **Aggregate Year-to-Date ->** -900.00	**Date (month, day, year)** 09/22/2000 REATTRIBUTION	**Amount of Each Receipt this Period** 900.00 MEMO
C. Full Name, Mailing Address and Zip Code Mrs. Quentin Falgoust 739 Hwy. 308 Thibodaux,LA 70301- **Receipt For:** [ ] Primary [ ] General [X] Other (specify) General 2000	**Name of Employer** self employed **Occupation** Decorator **Aggregate Year-to-Date ->** -900.00	**Date (month, day, year)** 09/22/2000 REDESIGNATION of 09.22.00	**Amount of Each Receipt this Period** 100.00 MEMO
D. Full Name, Mailing Address and Zip Code Dr. Quentin Falgoust 739 Hwy. 308 Thibodaux,LA 70301 **Receipt For:** [X] Primary [X] General [ ] Other (specify)	**Name of Employer** Self-employed **Occupation** Physician **Aggregate Year-to-Date ->** 900.00	**Date (month, day, year)** 09/22/2000 REATTRIBUTION	**Amount of Each Receipt this Period** 900.00 MEMO
E. Full Name, Mailing Address and Zip Code Mr. Joe Farr 1401 Park Avenue Monroe,LA 71201-3335 **Receipt For:** [X] Primary [X] General [ ] Other (specify)	**Name of Employer** Thomas & Farr Agency, Inc. **Occupation** Insurance **Aggregate Year-to-Date ->** 750.00	**Date (month, day, year)** 09/30/2000	**Amount of Each Receipt this Period** 250.00
F. Full Name, Mailing Address and Zip Code Mr. Don Faust Post Office Box 177 Ruston,LA 71273- **Receipt For:** [X] Primary [X] General [ ] Other (specify)	**Name of Employer** Lincoln General **Occupation** Board of Directors **Aggregate Year-to-Date ->** 250.00	**Date (month, day, year)** 09/20/2000	**Amount of Each Receipt this Period** 250.00
G. Full Name, Mailing Address and Zip Code Mr. Art E. Favre P.O. Box 82285 Baton Rouge,LA 70884- **Receipt For:** [X] Primary [X] General [ ] Other (specify)	**Name of Employer** Performance Contractors, Inc. **Occupation** Contractor **Aggregate Year-to-Date ->** 500.00	**Date (month, day, year)** 09/11/2000	**Amount of Each Receipt this Period** 500.00

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	

FEC Form 3

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 7 OF 25

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Dr. Thomas B. Flynn 7777 Hennessy Blvd. Ste. 10000 Baton Rouge,LA 70808- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: The Neuromedical Center Occupation: Physician Aggregate Year-to-Date -> 100.00	Date (month, day, year): 08/03/2000	Amount of Each Receipt this Period: 100.00
B. Full Name, Mailing Address and Zip Code Dr. Thomas B. Flynn 7777 Hennessy Blvd. Ste. 10000 Baton Rouge,LA 70808- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: The Neuromedical Center Occupation: Physician Aggregate Year-to-Date -> 300.00	Date (month, day, year): 09/22/2000	Amount of Each Receipt this Period: 200.00
C. Full Name, Mailing Address and Zip Code Mr. Joe A. Ford, Jr. 900 Wall Williams Road West Monroe,LA 71291 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Joe A. Ford Const. Co. Occupation: Building Contractor Aggregate Year-to-Date -> 250.00	Date (month, day, year): 09/30/2000	Amount of Each Receipt this Period: 250.00
D. Full Name, Mailing Address and Zip Code Mrs. Olive R. Forman 5301 Camp Street New Orleans,LA 70115- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Best Effort J Occupation: Aggregate Year-to-Date -> 250.00	Date (month, day, year): 09/30/2000	Amount of Each Receipt this Period: 250.00
E. Full Name, Mailing Address and Zip Code Mr. George A. Foster Post Office Box 2231 Baton Rouge,LA 70821-2231 Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer: Best Effort J Occupation: Aggregate Year-to-Date -> 0.00	Date (month, day, year): 09/22/2000 REDESIGNATION of 09.22.00	Amount of Each Receipt this Period: 250.00 MEMO
F. Full Name, Mailing Address and Zip Code Mr. George A. Foster Post Office Box 2231 Baton Rouge,LA 70821-2231 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Best Effort J Occupation: Aggregate Year-to-Date -> 250.00	Date (month, day, year): 09/27/2000	Amount of Each Receipt this Period: 250.00
G. Full Name, Mailing Address and Zip Code Dr. W. Stanley Foster 100 Valerie Drive Lafayette,LA 70508-6000 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Physician Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 09/30/2000	Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional)	2,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Mrs. Betty W. Fowler 2100 St. Charles Avenue 19 D New Orleans,LA 70130- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Antique Mirror Shop Occupation Owner Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Mr. Denver F. Gray P.O. Box 6202 Metairie,LA 70009-6202 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. Michael T. Gray 204 Mulberry Drive Metairie,LA 70005-4017 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer The Gray Insurance Company Occupation executive Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Michael T. Gray 204 Mulberry Drive Metairie,LA 70005-4017 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer The Gray Insurance Company Occupation executive Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Mr. Michael T. Gray 204 Mulberry Drive Metairie,LA 70005-4017 Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer The Gray Insurance Company Occupation executive Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 09/30/2000 REDESIGNATION of 09.30.00	Amount of Each Receipt this Period 500.00 MEMO
F. Full Name, Mailing Address and Zip Code Mr. Stephen H. Haedicke 3502 Deborah Dr. Monroe,LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Insurance Systems Occupation Employee Benefit Admin. Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Mrs. Isabelle S. Naik 71 Audubon Blvd New Orleans,LA 70118- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Best Effort J Occupation Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ben P. Haley 410 Audubon Drive Ruston, LA 71270- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician	08/21/2000 Aggregate Year-to-Date -> 300.00	50.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. P. R. Hall, III 3812 Bayside Circle Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Self-employed Physician	09/30/2000 Aggregate Year-to-Date -> 1,000.00	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Jean Haisell 205 Elmwood Drive West Monroe, LA 71291- Receipt For: [X] Primary [X] General [ ] Other (specify)	Retired Teacher	08/21/2000 Aggregate Year-to-Date -> 1,000.00	700.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Gregory J. Hamer, Sr. 805 Pine St. Morgan City, LA 70380- Receipt For: [X] Primary [X] General [ ] Other (specify)	Big Food Ent-Inc. executive	09/08/2000 Aggregate Year-to-Date -> 500.00	500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Richard D. Handley 360 Gallier Place Shreveport, LA 71106- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Radiologist	09/19/2000 Aggregate Year-to-Date -> 500.00	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Bruce Hanks 2802 Bramble Drive Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	 Owner	08/10/2000 Aggregate Year-to-Date -> 250.00	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Steven Hanson 2602 River Oaks Drive Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Law Office of Steven Hanson Attorney	09/20/2000 Aggregate Year-to-Date -> 500.00	500.00

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Ms. Maureen N. Harbourt 233 Shady Lake Pkwy Baton Rouge,LA 70815-4319 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Best Effort J Occupation Aggregate Year-to-Date > 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Mr. William M. Hemeter 1825 Audubon Street New Orleans,LA 70118-5513 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Best Effort J Occupation Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Dr. Robert S. Hondrick, Jr. 4460 Deborah Drive Monroe,LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Self-employed Occupation Physician Aggregate Year-to-Date -> 750.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and Zip Code Dr. Richard C. Herbert 6267 Seven Oaks Ave. Baton Rouge,LA 70806- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code Dr. Lynn F. Pickman 5331 Marcia Ave. New Orleans,LA 70124- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Ark.Blue Cross/Blue Shield Occupation Physician Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Senator Ken Hollis P. O. Box 6522 Metairie,LA 70009-6522 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer State of Louisiana Occupation Senator Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Dr. Thomas Irwin 143 Beverly Dr Metairie,LA 70001 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	1,600.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Conkesy for Congress Committee

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and Zip Code Dr. John D. Jackson 9605 Red Gate Drive New Orleans, LA 70123- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Physician Aggregate Year-to-Date -> 1,000.00	09/06/2000	1,000.00
B. Full Name, Mailing Address and Zip Code Mr. G. W. James, Jr. Post Office Box 1260 Ruston, LA 71273-1260 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: T. L. James & Co. Occupation: Owner Aggregate Year-to-Date -> 1,000.00	09/08/2000	500.00
C. Full Name, Mailing Address and Zip Code Dr. B. Guthrie Jarrell 2102 Redwood Drive Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Physician Aggregate Year-to-Date -> 1,000.00	09/30/2000	500.00
D. Full Name, Mailing Address and Zip Code Dr. B. Guthrie Jarrell 2102 Redwood Drive Monroe, LA 71201 Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer: self employed Occupation: Physician Aggregate Year-to-Date -> 1,000.00	09/30/2000 REDESIGNATION of 09.30.00	500.00 MEMO
E. Full Name, Mailing Address and Zip Code Ms. Ellie John 1207 Royal Avenue Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date -> 100.00	09/22/2000 REATTRIBUTION	100.00 MEMO
F. Full Name, Mailing Address and Zip Code Dr. R. Howard John 1207 Royal Avenue Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Self-employed Occupation: Dentist Aggregate Year-to-Date -> 200.00	07/20/2000	200.00
G. Full Name, Mailing Address and Zip Code Dr. R. Howard John 1207 Royal Avenue Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Self employed Occupation: Dentist Aggregate Year-to-Date -> 500.00	09/22/2000	300.00

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. R. Howard John 1207 Royal Avenue Monroe,LA 71201	Self-employed	09/22/2000	-100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation: Dentist	REATTRIBUTION	
	Aggregate Year-to-Date -> 400.00		MEMO

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Bendel Johnson 3237 Pines Rd Shreveport,LA 71119-	Retired	08/03/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation: Physician		
	Aggregate Year-to-Date -> 250.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Kenneth B. Jones, Jr. 1801 Fairfield Ave., Suite 408 Shreveport,LA 71101-4443	self employed	08/14/2000	200.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation: Physician		
	Aggregate Year-to-Date -> 400.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Mary Aye Jones 116 Audubon Avenue Thibodaux,LA 70301-	Dept Effort J	09/30/2000	1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation:		
	Aggregate Year-to-Date -> 1,000.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Henrietta Kalil 4812 Green Acres Ct. Metairie,LA 70003-	No Employer	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation: homemaker		
	Aggregate Year-to-Date -> 250.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Tom B. King 2210 Cherry Monroe,LA 71203-	self employed	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation: CPA		
	Aggregate Year-to-Date -> 250.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Leon LaFaye 6654 Hwy 140 South Opelousas,LA 70570-	self employed	09/30/2000	1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Occupation: Physician	REDESIGNATION of 09.30.00	
	Aggregate Year-to-Date -> 0.00		MEMO

SUBTOTAL of Receipts This Page (optional)	1,950.00
TOTAL This Period (last page this line number only)	

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

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Leon Lo Mayo 6651 Hwy 149 South Opelousas, LA 70570- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 1,000.00	09/30/2000	1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William St. John Lacorte, Sr. 2820 Napoleon Avenue New Orleans, LA 70121- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 250.00	09/30/2000	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Scott David Lanoux 533 Sena Dr Metairie, LA 70005- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 500.00	08/01/2000	500.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. J. Rucker Leake, Jr. P.O. Box 458 Saint Francisville, LA 70775- Receipt For: [X] Primary [X] General [ ] Other (specify)	Best Effort J Occupation Aggregate Year-to-Date -> 250.00	09/30/2000	250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John Ledbetter 1607 Fairview Avenue Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 500.00	08/21/2000	500.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. John W. Lolley [illegible] Erin Avenue Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	No Employer Retired Aggregate Year-to-Date -> 275.00	09/30/2000	175.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Leo L. Lowentritt, Jr. 1907 White Street Alexandria, LA 71301 Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 250.00	09/22/2000	250.00

SUBTOTAL of Receipts This Page (optional)	2,875.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Mr. Robert E.S. Lupo 165 Robert E. Lee Blvd. Penthouse Ste. New Orleans,LA 70124- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation real estate agent Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Mrs. Catherine Lusk 744 Hazelwood Shreveport,LA 71106 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer No Employer Occupation homemaker Aggregate Year-to-Date -> -250.00	Date (month, day, year) 09/20/2000 REATTRIBUTION	Amount of Each Receipt this Period -500.00 MEMO
C. Full Name, Mailing Address and Zip Code Mrs. Catherine Lusk 744 Hazelwood Shreveport,LA 71106 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer No Employer Occupation homemaker Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Dr. James E. Lusk 744 Hazelwood Shreveport,LA 71106- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 500.00	Date (month, day, year) 09/20/2000 REATTRIBUTION	Amount of Each Receipt this Period 500.00 MEMO
E. Full Name, Mailing Address and Zip Code Dr. Cris Mandry 3223 6th Street Metairie,LA 70002-1623 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 750.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Dr. Cris Mandry 3223 6th Street Metairie,LA 70002-1623 Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 750.00	Date (month, day, year) 09/30/2000 REDESIGNATION of 09.25.00	Amount of Each Receipt this Period 250.00 MEMO
G. Full Name, Mailing Address and Zip Code Mr. Kyman Mardis Bank One P.O. Drawer 1412 Monroe,LA 71201-.412 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Progressive Bank Occupation Vice President Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Dr. T. Ricardo Martinez 1416 Webster St. New Orleans, LA 70118- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Mr. Michael Maslowski 3431 Westminster Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Boot Effort C Occupation Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/10/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Ms. Jan Mason 5566 Beauvoir Pl Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Warehouse Restaurant Occupation Owner Aggregate Year-to-Date -> 275.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 125.00
D. Full Name, Mailing Address and Zip Code Mr. John Maxwell 3221 Parkway Drive Alexandria, LA 71301- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer No Employer Occupation Retired Aggregate Year-to-Date -> 350.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code Dr. Scott Mcclelland 3510 Medical Park Drive Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 250.00	Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Mr. William Bucky McElroy 4317 Bella Terre Monroe, LA 71201 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer James Machine Works, Inc. Occupation Owner Aggregate Year-to-Date -> 500.00	Date (month, day, year) 09/08/2000 REATTRIBUTION	Amount of Each Receipt this Period 500.00 MEMO
G. Full Name, Mailing Address and Zip Code Mrs. Joy McElroy 4317 Bella Terre Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer No Employer Occupation homemaker Aggregate Year-to-Date -> -500.00	Date (month, day, year) 09/08/2000 REATTRIBUTION	Amount of Each Receipt this Period -500.00 MEMO

SUBTOTAL of Receipts This Page (optional)	1,075.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Samuel McKay 2804 Horseshoe Drive Alexandria,LA 71301-	McKay Pecan Grove Apts. Occupation: President	09/22/2000 Aggregate Year-to-Date -> 350.00	100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. William C. McNeal 2515 Bristol Place New Orleans,LA 70131-	self employed Occupation: Consultant	09/22/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Faye Miller 426 Forest Circle Ruston,LA 71270-	Occupation	09/22/2000 REATTRIBUTION Aggregate Year-to-Date -> 1,000.00	1,000.00 MEMO
Receipt For: [X] Primary [X] General [ ] Other (specify)			

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Frank H. Miller 426 Forest Circle Ruston,LA 71270-	T.L. James Occupation: Retired	09/22/2000 Aggregate Year-to-Date -> 1,250.00	1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Frank H. Miller 426 Forest Circle Ruston,LA 71270-	T.L. James Occupation: Retired	09/22/2000 REATTRIBUTION Aggregate Year-to-Date -> 250.00	-1,000.00 MEMO
Receipt For: [X] Primary [X] General [ ] Other (specify)			

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Charles Mitchell 5258 Dijon Drive Baton Rouge,LA 70808	self employed Occupation: Physician	08/21/2000 Aggregate Year-to-Date -> 500.00	500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Louis Montalaro P. O. Box 550 New Roads,LA 70760-0550	self employed Occupation: Physician	09/30/2000 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2,100.00
TOTAL This Period (last page this Line number only)	

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Mr. Jody Morvant 8220 Shreveport Hwy Pineville,LA 71361-4508 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Realtor Aggregate Year-to-Date -> 350.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code Mrs. Alice Munger 2729 Constance Street New Orleans,LA 70130-5517 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Best Effort J Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Mr. James E. Murphy 1607 N 4th Street Monroe,LA 71201- Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer No Employer Occupation Retired Murco Aggregate Year-to-Date -> 0.00	Date (month, day, year) 09/30/2000 REDESIGNATION of 09.30.00	Amount of Each Receipt this Period 250.00 MEMO
D. Full Name, Mailing Address and Zip Code Mr. James E. Murphy 1607 N 4th Street Monroe,LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer No Employer Occupation Retired Murco Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and Zip Code Ochsner Clinic Scott J. Ponseo 1514 Jefferson Hwy New Orleans,LA 70121- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Ochsner Clinic Scott J. Ponseo 1514 Jefferson Hwy New Orleans,LA 70121- Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer Occupation Aggregate Year-to-Date -> 2,000.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Dr. L. Stephen Ortego 5813 Monroe Hwy. Pineville,LA 71360-3262 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Dentist Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	3,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FULL LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. John D. Palmer 401 Edwards Street, Suite 1400 Shreveport,LA 71101-	self employed Occupation Petroleum Geologist	08/24/2000	100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	300.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. C. B. " Dad" Parker 6172 Polaris Drive Bastrop,LA 71220-	Parker Wholesale Paper,Co. Occupation Owner	09/20/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Patrick Parker 70511 Riverside Drive Covington,LA 70433-	Office Rental Systems Occupation executive	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Sarabeth Parker 503 Elmhurst Bastrop,LA 71220-	Best Effort J Occupation	09/30/2000	500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Kirk A. Patrick, Jr. 1923 Old Carriage Lane Baton Rouge,LA 70806-	Self-employed Occupation Physician	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Harvey Perry, Jr. P.O. Box 4045 Monroe,LA 71211-4045	Century Telephone Enterprises Occupation counsel	08/10/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gholam Peyman 2020 Gravier Street Suite B New Orleans,LA 70112-2234	Tulane University Occupation Physician	09/12/2000	100.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	

SUBTOTAL of Receipts This Page (optional)	1,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 07 19 25

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gholam Peyman 2020 Gravier Street Suite B New Orleans, LA 70112-2234 Receipt For: [X] Primary [X] General [ ] Other (specify)	Tulane University Physician Aggregate Year-to-Date -> 450.00	09/30/2000	250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Glen Post, III 1018 Ward Chapel Rd Farmerville, LA 71241-4902 Receipt For: [X] Primary [X] General [ ] Other (specify)	Century Telephone Enterprises President Aggregate Year-to-Date -> 350.00	09/10/2000	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Mark A. Price 2229 Sterlington Rd., Apt. B-105 Monroe, LA 71203 Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 700.00	07/17/2000	200.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William F. Rachal Suite 900 2820 Napoleon Avenue New Orleans, LA 70115- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 1,000.00	09/13/2000	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Don Raley 6300 LA Hwy 134 E. Epps, LA 71237 Receipt For: [X] Primary [X] General [ ] Other (specify)	Monticello Gin & Elev.Co., Inc. Owner Aggregate Year-to-Date -> 1,000.00	07/26/2000	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Michael D. Reed 1133 Nashville Avenue New Orleans, LA 70115-4329 Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 500.00	09/12/2000	500.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Michael D. Reed 1133 Nashville Avenue New Orleans, LA 70115-4329 Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed Physician Aggregate Year-to-Date -> 500.00	09/30/2000	500.00

SUBTOTAL of Receipts This Page (optional)	3,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Mr. Robert E. Richardson P.O. Box 91 Elizabeth, LA 70638- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: No Employer Occupation: Retired Aggregate Year-to-Date -> 250.00	Date (month, day, year): 09/12/2000	Amount of Each Receipt this Period: 250.00
B. Full Name, Mailing Address and Zip Code Dr. Frank A. Riddick, Jr. 7929 Octavia Street New Orleans, LA 70115- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Physician Aggregate Year-to-Date -> -500.00	Date (month, day, year): 09/12/2000 REATTRIBUTION	Amount of Each Receipt this Period: -500.00 MEMO
C. Full Name, Mailing Address and Zip Code Mrs. Mary Riddick 1923 Octavia Street New Orleans, LA 70115- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: No Employer Occupation: Housewife Aggregate Year-to-Date -> 500.00	Date (month, day, year): 09/12/2000 REATTRIBUTION	Amount of Each Receipt this Period: 500.00 MEMO
D. Full Name, Mailing Address and Zip Code Mr. Max L. Riley 2710 Bayou Lane Monroe, LA 71201-2429 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Riley Oil and Gas Occupation: Owner Aggregate Year-to-Date -> 350.00	Date (month, day, year): 09/30/2000	Amount of Each Receipt this Period: 250.00
E. Full Name, Mailing Address and Zip Code Mr. Bernard Sager 130 Desiard Street Monroe, LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Investments Aggregate Year-to-Date -> 500.00	Date (month, day, year): 09/20/2000	Amount of Each Receipt this Period: 250.00
F. Full Name, Mailing Address and Zip Code Mrs. Mary Saroma P. O. Box 10820 Monroe, LA 71207- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Best Effort J Occupation: Aggregate Year-to-Date -> 250.00	Date (month, day, year): 09/22/2000	Amount of Each Receipt this Period: 250.00
G. Full Name, Mailing Address and Zip Code Mr. Herbert Schilling, II 215 E. Pinhook Road Lafayette, LA 70502- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Schilling Distributing Co. Occupation: Beer Wholesaler Aggregate Year-to-Date -> 1,000.00	Date (month, day, year): 09/20/2000	Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mrs. Tricia Schulze P. O. Box 236 Tillman, SC 29943-0239 Receipt For: [X] Primary [X] General [ ] Other (specify)	Best Effort J Occupation	07/23/2000	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Mr. T. B. Scott P.O. Box 4948 Monroe, LA 71211-4948 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Scott Truck and Tractor Co. Occupation: CEO	09/20/2000	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
C. Mr. Duke Shackelford Shackelford Company, Inc. PO Box 168 Bonita, LA 71223- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Shackelford Company, Inc. Occupation: President	07/26/2000	250.00
	Aggregate Year-to-Date ->	350.00	
D. Mrs. Jamie Shallock 6231 Grand Oak Drive Alexandria, LA 71301-2334 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Holy Savior Menard High School Occupation: Educator	09/20/2000	250.00
	Aggregate Year-to-Date ->	250.00	
E. Dr. J. Stanford Shelby 6003 East Ridge Drive Shreveport, LA 71106- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: Retired Occupation: Physician	09/06/2000	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
F. Dr. Roger D. Smith 1410 Valmont Street New Orleans, LA 70115- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Physician	07/23/2000	100.00
	Aggregate Year-to-Date ->	100.00	
G. Dr. Roger D. Smith 1410 Valmont Street New Orleans, LA 70115- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer: self employed Occupation: Physician	09/30/2000	250.00
	Aggregate Year-to-Date ->	350.00	

SUBTOTAL of Receipts This Page (optional)	3,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Dr. Tony Dan 10746 Pinebrook Avenue Baton Rouge,LA 70809- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Physician Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Mr. Stephen M. Swain 1129 Bourbon Street New Orleans,LA 70116- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Insurance Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Mrs. Jackie Tarver 159 Restful Homes Rd. West Monroe,LA 71291- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Mr. Scott Theriot P. O. Box 250 Lockport,LA 70374- Receipt For: [X] Primary [X] General [ ] other (specify)	Name of Employer Bollinger Shipyards, Inc Occupation executive Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Mr. Charles K. Thornhill Post Office Box 247 Winnsboro,LA 71379- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer self employed Occupation Farmer Aggregate Year-to-Date -> 225.00	Date (month, day, year) 09/30/2000 REATTRIBUTION	Amount of Each Receipt this Period 25.00 MEMO
F. Full Name, Mailing Address and Zip Code Mrs. Charles K. Thornhill Post Office Box 247 Winnsboro,LA 71378- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Thornhill Produce Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Mrs. Charles K. Thornhill Post Office Box 247 Winnsboro,LA 71378- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Thornhill Produce Aggregate Year-to-Date -> 975.00	Date (month, day, year) 09/30/2000 REATTRIBUTION	Amount of Each Receipt this Period -25.00 MEMO

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Kenneth E. Tuck 3320 Franklin Road, S.W. Roanoke, VA 24014- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed / Physician Aggregate Year-to-Date -> 500.00	09/30/2000	500.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. E. Peter Urbanowicz, Jr. 601 Poydras St. Suite 2400 New Orleans, LA 70130- Receipt For: [X] Primary [X] General [ ] Other (specify)	Locke Liddell Sapp / Attorney Aggregate Year-to-Date -> 250.00	09/30/2000	250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jagadish Veluvolu P. O. Drawer 669 Winnfield, LA 71483- Receipt For: [X] Primary [X] General [ ] Other (specify)	Best Effort J / REATTRIBUTION Aggregate Year-to-Date -> -500.00	09/30/2000	-500.00 MEMO
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jagadish Veluvolu P. O. Drawer 669 Winnfield, LA 71483- Receipt For: [X] Primary [X] General [ ] Other (specify)	Best Effort J / Aggregate Year-to-Date -> 500.00	09/30/2000	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ratnam Nagella Veluvolu P. O. Drawer 669 Winnfield, LA 71483- Receipt For: [X] Primary [X] General [ ] Other (specify)	self employed / Physician Aggregate Year-to-Date -> 500.00	09/30/2000 REATTRIBUTION	500.00 MEMO
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. V.E. Vetsch 6176 Saron Street Bastrop, LA 71220- Receipt For: [X] Primary [X] General [ ] Other (specify)	No Employer / Retired Aggregate Year-to-Date -> 250.00	09/30/2000	150.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Sudolph Vienet, III 204 Evangeline Drive Mandeville, LA 70471- Receipt For: [X] Primary [X] General [ ] Other (specify)	No Employer / Retired Aggregate Year-to-Date -> 250.00	07/17/2000	100.00

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Elizabeth S. Viener 204 Evangeline Drive Mandeville,LA 70448-	No Employer Occupation Retired	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 250.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Frank H. Walk 600 Carondolet Street New Orleans,LA 70130-	Walk Hayden & Assoc. Inc Occupation Consulting Engineer	09/12/2000 REDESIGNATION of 9.12.00	1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Aggregate Year-to-Date -> 1,000.00		MEMO

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Frank H. Walk 600 Carondolet Street New Orleans,LA 70130-	Walk Hayden & Assoc. Inc Occupation Consulting Engineer	09/12/2000	1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,000.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Dennis Walker 3700 Burgoyne Dr Lake Charles,LA 70605-	Center for Orthopaedics Occupation Orthopaedic Surgeon	08/01/2000	500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. R. B. Walton 201 Loop Road Monroe,LA 71201-	Best Effort J Occupation	08/01/2000	200.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 200.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. R. B. Walton 201 Loop Road Monroe,LA 71201-	Best Effort J Occupation	08/24/2000	200.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 400.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Amos C. Warner, Jr. P.O. Box 1056 Crockett,TX 75835-	Best Effort J Occupation	09/30/2000	250.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date -> 250.00		

SUBTOTAL of Receipts This Page (optional)	2,400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each calendar yr the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code
Dr. W. Dean Watkins
961 Audubon Place
Shreveport, LA 71105-2914
Receipt For: [X] Primary [X] General [ ] Other (specify)

Name of Employer: self employed
Occupation: Physician
Date (month, day, year): 09/11/2000
Amount of Each Receipt this Period: 500.00
Aggregate Year-to-Date -> 500.00

B. Full Name, Mailing Address and Zip Code
Mrs. Gwen Wilhite
217 Browder Road
West Monroe, LA 71292
Receipt For: [X] Primary [X] General [ ] Other (specify)

Name of Employer: Louisiana Plastic Ind.
Occupation: Owner
Date (month, day, year): 09/20/2000
Amount of Each Receipt this Period: 500.00
REATTRIBUTION
Aggregate Year-to-Date -> 800.00
MEMO

C. Full Name, Mailing Address and Zip Code
Mr. Sidney R. Wilhite
Louisiana Plastic Industries
501 Downing Pines Road
West Monroe, LA 71292-
Receipt For: [X] Primary [X] General [ ] Other (specify)

Name of Employer: Louisiana Plastic Ind.
Occupation: Owner
Date (month, day, year): 09/20/2000
Amount of Each Receipt this Period: -500.00
REATTRIBURION
Aggregate Year-to-Date -> 500.00
MEMO

D. Full Name, Mailing Address and Zip Code
Mr. Sidney R. Wilhite
Louisiana Plastic Industries
501 Downing Pines Road
West Monroe, LA 71292-
Receipt For: [X] Primary [X] General [ ] Other (specify)

Name of Employer: Louisiana Plastic Ind.
Occupation: Owner
Date (month, day, year): 09/20/2000
Amount of Each Receipt this Period: 500.00
Aggregate Year-to-Date -> 1,000.00

E. Full Name, Mailing Address and Zip Code
Mrs. Colon Womack
2709 McClellan
Monroe, LA 71201-
Receipt For: [X] Primary [X] General [ ] Other (specify)

Name of Employer: Monroe City Schools
Occupation: Retired Teacher
Date (month, day, year): 09/30/2000
Amount of Each Receipt this Period: 125.00
Aggregate Year-to-Date -> 206.00

F. Full Name, Mailing Address and Zip Code
Dr. Stephen S. Wyble
2936 Pine Valley Drive
Opelousas, LA 70570-
Receipt For: [X] Primary [X] General [ ] Other (specify)

Name of Employer: self employed
Occupation: Physician
Date (month, day, year): 08/29/2000
Amount of Each Receipt this Period: 1,000.00
Aggregate Year-to-Date -> 1,000.00

G. Full Name, Mailing Address and Zip Code
Mark Zeldin
6215 Colbert Street
New Orleans, LA 70124-
Receipt For: [X] Primary [X] General [ ] Other (specify)

Name of Employer: Best Effort J
Occupation:
Date (month, day, year): 09/30/2000
Amount of Each Receipt this Period: 1,000.00
Aggregate Year-to-Date -> 1,000.00

SUBTOTAL of Receipts This Page (optional)	2,125.00
TOTAL This Period (last page this line number only)	66,025.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code ARPAC Political Action Committee B. Jeffrey Brooks Premier Tower 19th Floor Baton Rouge,LA 70801- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 3,000.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 2,500.00
B. Full Name, Mailing Address and Zip Code ARPAC Political Action Committee B. Jeffrey Brooks Premier Tower 19th Floor Baton Rouge,LA 70801- Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer Occupation Aggregate Year-to-Date -> 3,500.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code The PAC of Alabama Farmers Federation c/o Keith Gray Post Office Box 11023 Montgomery,AL 36191- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 07/23/2000	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code American Society of Plastic & Rec. Mr. J. H. Kent 444 E. Algonquin Road Arlington Heights,IL 60005- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code American Wood Preservers Institute Scott Rammiger, President & CEO Suite 550 Fairfax,VA 22031-4312 Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Associated Builders & Contractors Erika Baum 1300 North 17th Street Arlington,VA 22209- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year to Date -> 1,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Bank One Corporation PAC Michael A. Naquin 1 Bank One Plaza Chicago,IL 60670- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year to Date -> 2,000.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 2,000.00

SUBTOTAL of Receipts This Page (optional)	8,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boise Cascade Political Fund Mr. Richard Rhorbach Suite 570 Washington,DC 20036-		08/10/2000	500.00
Receipt For: [X] Primary [X] General	Occupation		
[ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boise Cascade Political Fund Mr. Richard Rhorbach Suite 570 Washington,DC 20036-		09/06/2000	500.00
Receipt For: [ ] Primary [ ] General	Occupation		
[X] Other (specify) General 2000	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CP Industrial Employees' PAC c/o Rosemary O'Brien One Salem Lake Drive Lake Zurich,IL 60047-		09/30/2000	1,000.00
Receipt For: [X] Primary [X] General	Occupation		
[ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLECO Mr. Terry Spruill Central Louisiana Electric Co., Inc. Pineville,LA 71361-5000		09/06/2000	200.00
Receipt For: [X] Primary [X] General	Occupation		
[ ] Other (specify)	Aggregate Year-to-Date ->	200.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ENTPAC c/o John Williams One Prince Street Alexandria,VA 22314-		07/17/2000	1,000.00
Receipt For: [X] Primary [X] General	Occupation		
[ ] Other (specify)	Aggregate Year-to-Date ->	3,500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Sugar Cane League PAC United States Sugar Corporation Alisa Malechek Sell/Robert E. Coker,VP Washington,DC 20004-1729		09/30/2000	500.00
Receipt For: [X] Primary [X] General	Occupation		
[ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
International Shipholding Corp Christian Johnsen 650 Poydras Street, Suite 1700 New Orleans,LA 70130-7228		09/30/2000	250.00
Receipt For: [X] Primary [X] General	Occupation		
[ ] Other (specify)	Aggregate Year-to-Date ->	750.00	

SUBTOTAL of Receipts This Page (optional)	3,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IBEW/PAC Lilea Williams P.O. Box 1819 Jackson,MS 39205-	Occupation	07/25/2000	500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code Jones, Walker, Waechter Poitevent, Carrere & Denegre Mr. Erik F. Johnsen Washington,DC 20003-	Name of Employer	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation Aggregate Year-to-Date ->	1,500.00	
C. Full Name, Mailing Address and Zip Code Louisiana State Medical Society Dr. Wallace H. Dunlap, Chairman 6767 Perkins Road Baton Rouge,LA 70808-4263	Name of Employer	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 5,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation Aggregate Year-to-Date ->	5,000.00	
D. Full Name, Mailing Address and Zip Code Louisiana State Medical Society Dr. Wallace H. Dunlap, Chairman 6767 Perkins Road Baton Rouge,LA 70808-4263	Name of Employer	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 3,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation Aggregate Year-to-Date ->	8,000.00	IN-KIND
E. Full Name, Mailing Address and Zip Code Louisiana State Medical Society Dr. Wallace H. Dunlap, Chairman 6767 Perkins Road Baton Rouge,LA 70808-4263	Name of Employer	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 3,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify) General 2000	Occupation Aggregate Year-to-Date ->	REDESIGNATION 11,000.00	of 7.21.00 MEMO
F. Full Name, Mailing Address and Zip Code LAAPAC c/o Morris Mintz Post Office Box 80395 Baton Rouge,LA 70898-	Name of Employer	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code McDermott Incorporated Mr. Brian N. Hatcher, VP 1820 N Fort Meyer Drive, Suite 804 Arlington,VA 22209-	Name of Employer	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: [X] Primary [X] General [ ] Other (specify)	Occupation Aggregate Year-to-Date ->	1,500.00	

SUBTOTAL of Receipts This Page (optional)	11,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code NACC c/o Mark Anderson 320 First Street, S. E. Washington,DC 20003- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 09/07/2000 Satelite Feed	Amount of Each Receipt this Period 19.44 IN-KIND
	Aggregate Year-to-Date ->	117.44	
B. Full Name, Mailing Address and Zip Code NHLAPAC National Hardwood Lumber Association P. O. Box 34518 Memphis,TN 38184 0518 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 750.00
	Aggregate Year-to-Date ->	750.00	
C. Full Name, Mailing Address and Zip Code Novartis Employee Good Gov't Fund Ms. Mary P. O'Reilly 701 Penn. Ave., NW, Ste. 725 Washington,DC 20004- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 07/23/2000	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code Oral & Maxillofacial PAC c/o James Erinan 9700 W. Bryn Mawr Ave. Des Plaines,IL 60018- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 07/20/2000	Amount of Each Receipt this Period 2,000.00
	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code Realtors PAC Mr. John Sebree 700 Eleventh Street, N.W. Washington,DC 20001-4507 Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 3,000.00
	Aggregate Year-to-Date ->	4,500.00	
F. Full Name, Mailing Address and Zip Code Southwest Airlines Co. Freedom Fund PAC Kelly Cruse 1250 Rye Street, N. W., Suite 11110 Washington,DC 20005- Receipt For: [ ] Primary [ ] General [X] Other (specify) General	Name of Employer Occupation	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00
	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code Texas Industries, Inc. PAC Mr.Harold Green 1341 W. Mockingbird Lane Dallas,TX 75247- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 5,000.00
	Aggregate Year-to-Date ->	5,000.00	

SUBTOTAL of Receipts This Page (optional)	11,769.44
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code United Parcel Service - UPSPAC Kurt Pfotenhauer/Aubery Holmes Suite 300 Washington,DC 20003- Receipt For: ☐ Primary ☐ General ☒ Other (specify) General 2000	Name of Employer Occupation Aggregate Year-to-Date -> 3,000.00	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and Zip Code United Parcel Service - UPSPAC Kurt Pfotenhauer/Aubery Holmes Suite 300 Washington,DC 20003- Receipt For: ☐ Primary ☐ General ☒ Other (specify) General 2000	Name of Employer Occupation Aggregate Year-to-Date -> 4,000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	37,719.44

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)
Conkey for Congress Committee

A. Full Name, Mailing Address and Zip Code Hibernia National Bank 800 Sterlington Road Monroe,LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer INTEREST Occupation Aggregate Year-to-Date -> 7,655.18	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1,372.69
B. Full Name, Mailing Address and Zip Code Hibernia National Bank 800 Sterlington Road Monroe,LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer INTEREST EARNED Occupation Aggregate Year-to-Date -> 7,690.68	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 35.50
C. Full Name, Mailing Address and Zip Code Hibernia National Bank 800 Sterlington Road Monroe,LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 7,705.87	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 16.19
D. Full Name, Mailing Address and Zip Code Hibernia National Bank 800 Sterlington Road Monroe,LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer INTEREST Occupation Aggregate Year-to-Date -> 9,042.59	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1,336.72
E. Full Name, Mailing Address and Zip Code Hibernia National Bank 800 Sterlington Road Monroe,LA 71201- Receipt For: [X] Primary [X] General [ ] Other (specify)	Name of Employer INTEREST Occupation Aggregate Year-to-Date -> 10,321.80	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1,279.21
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	4,039.31
TOTAL This Period (last page this line number only)	4,039.31

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wiseguys 205 Pennsylvania Avenue Washington, DC 20002-	technical support Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	1,650.00
Full Name, Mailing Address and Zip Code Bertrand Wholesale 20 Highway 135 Rayville, LA 71269-	Purpose of Disbursement promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 579.85
Full Name, Mailing Address and Zip Code Bayou Rosland Country Club Post Office Drawer 4905 Monroe, LA 71211-4905	Purpose of Disbursement Luncheon promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 839.91
Full Name, Mailing Address and Zip Code BellSouth 85 Annex Atlanta, GA 30385-0001	Purpose of Disbursement phone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/19/2000	Amount of Each Disbursement This Period 392.33
Full Name, Mailing Address and Zip Code BellSouth 85 Annex Atlanta, GA 30385-0001	Purpose of Disbursement phone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 367.20
Full Name, Mailing Address and Zip Code BellSouth 85 Annex Atlanta, GA 30385-0001	Purpose of Disbursement phone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 428.19
Full Name, Mailing Address and Zip Code City of Pineville 706 Main Street Monroe, LA 71211-7600	Purpose of Disbursement promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 255.00

SUBTOTAL of Disbursements This Page (optional)	4,562.48
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Entergy Post Office Box 64001 New Orleans, LA 70164-4001	utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/13/2000	134.97
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Entergy Post Office Box 64001 New Orleans, LA 70164-4001	utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/18/2000	160.72
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Entergy Post Office Box 64001 New Orleans, LA 70164-4001	utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/11/2000	175.61
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FedEx P. O. BOX 727 Memphis, TN 38194-3928	shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/13/2000	54.56
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FedEx P. O. Box 727 Memphis, TN 38194-3928	shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/10/2000	14.30
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FedEx P. O. Box 727 Memphis, TN 38194-3928	shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	122.82
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FedEx P. O. Box 727 Memphis, TN 38194-3928	shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/18/2000	26.26

SUBTOTAL of Disbursements This Page (optional)	688.24
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FedEx P. O. Box 727 Memphis, TN 38194-3920	shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/2000	13.26
Full Name, Mailing Address and Zip Code FedEx P. O. Box 727 Memphis, TN 38194-3920	Purpose of Disbursement shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 11.30
Full Name, Mailing Address and Zip Code FedEx P. O. Box 727 Memphis, TN 38194-3920	Purpose of Disbursement shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 50.96
Full Name, Mailing Address and Zip Code FedEx P. O. Box 727 Memphis, TN 38194-3920	Purpose of Disbursement shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 97.26
Full Name, Mailing Address and Zip Code Mike Ferguson for Congress P.O. Box 867 Red Bank, NJ 07701-	Purpose of Disbursement NJ-House-District Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 1,000.00
Full Name, Mailing Address and Zip Code Galatoire's 209 Bourbon Street New Orleans, LA 70130-	Purpose of Disbursement promtion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 1,250.00
Full Name, Mailing Address and Zip Code Galatoire's 209 Bourbon Street New Orleans, LA 70130	Purpose of Disbursement promtion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 5,249.00

SUBTOTAL of Disbursements This Page (optional)	7,673.68
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the detailed summary page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hales Insurance 2225 Justice, Suite D Monroe, LA 71201-	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/03/2000	300.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hales Insurance 2225 Justice, Suite D Monroe, LA 71201-	rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/01/2000	300.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hales Insurance 2225 Justice, Suite D Monroe, LA 71201-	rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/01/2000	300.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	from 940 2nd qtr Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/12/2000	45.17
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/17/2000	610.38
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/2000	610.38
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	qualifying fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	905.00

SUBTOTAL of Disbursements This Page (optional)	3,070.93
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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SUB. LINE NUMBER 17

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)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/15/2000	610.30
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/2000	620.44
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	470.24
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/1888	491.50
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia Capital Assess Post Office Box 60005 New Orleans, LA 70160-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/18/2000	342.15
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. House Members Dining Capitol Hill Club 300 First , S E Washington, DC 20003-	promotional Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/30/2000	334.20 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia Capital Access Post Office Box 60005 New Orleans, LA 70160-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	2,686.29

SUBTOTAL of Disbursements This Page (optional)	4,807.08
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental Airlines 9999 Richmond Ave. Houston, TX 77042-	travel expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	369.49 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Omni Hotels 401 Chestnut Street Philadelphia, PA 19106-	promotional Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	2,256.80 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia Capital Access Post Office Box 60005 New Orleans, LA 70160-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/2000	809.51
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
American Airlines P O Box 619623 Dallas, TX 75261-9623	travel Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/24/2000	445.50 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Intermedia Communications 1816 Roselawn Monroe, LA 71201-	phone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/10/2000	116.73
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Intermedia Communications 1816 Roselawn Monroe, LA 71201-	computer expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/26/2000	214.42
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Intermedia Communications 1816 Roselawn Monroe, LA 71201-	phone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/2000	66.25

SUBTOTAL of Disbursements This Page (optional)	1,286.91
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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BOX LETTER NUMBER 17

A.) 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 committees.

NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Intermedia Communications 1816 Roselawn Monroe, LA 71201-	computer expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	19.95
Intermedia Communications 1816 Roselawn Monroe, LA 71201-	Phone expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/11/2000	72.08
Intermedia Communications 1816 Roselawn Monroe, LA 71201-	computer expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/2000	196.76
KLLA Cajun Broadcasting, Inc. Post Office Box 365 Moreauville, LA 71355-	promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/17/2000	75.00
KLLA Cajun Broadcasting, Inc. Post Office Box 365 Moreauville, LA 71355-	promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/12/2000	275.00
Ed Kramer 3614 Airline Circle Monroe, LA 71203	speech consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/26/2000	100.00
KVCL P. O. Box 548 Winnfield, LA 71483-	promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/13/2000	200.00

SUBTOTAL of Disbursements This Page (optional)	938.79
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KVCL P. O. Box 548 Winnfield, LA 71483-	promotion Disbursement for: ☐ Primary ☐ General ☐ other (specify)	08/01/2000	200.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
KVCL P. O. Box 548 Winnfield, LA 71483	promotion Disbursement for: ☐ Primary ☐ General ☐ other (specify)	07/21/2000	200.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this period
Louisiana State Medical Society Dr. Wallace H. Dunlap, Chairman 6767 Perkins Road Baton Rouge, LA 70808-4263	Disbursement for: ☐ Primary ☐ General ☐ other (specify)	07/21/2000	3,000.00 IN KIND
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Dunn Lampton for Congress Beth Pointe P.O. Box 24385 Jackson, MS 39225-	Mississippi-House-District Disbursement for: ☐ Primary ☐ General ☐ other (specify)	09/21/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dunn Lampton for Congress Beth Pointe P.O. Box 24385 Jackson, MS 39225-	MS-House-District Disbursement for: ☐ Primary ☐ General ☐ other (specify)	09/26/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Legacy Aviation 5110 Operations Road Monroe, LA 71203-6199	travel Disbursement for: ☐ Primary ☐ General ☐ other (specify)	08/22/2000	2,690.12
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luke Letlow 534 Wenn Hill Road Start, LA 71279-	payroll Disbursement for: ☐ Primary ☐ General ☐ other (specify)	08/31/2000	88.66

SUBTOTAL of Disbursements This Page (optional)	8,178.78
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luke Barlow 534 Webb Hill Road Start, LA 71279-	payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	291.51
Full Name, Mailing Address and Zip Code Luke Barlow 534 Webb Hill Road Start, LA 71279-	Purpose of Disbursement payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 267.39
Full Name, Mailing Address and Zip Code Miss Louisiana USA Pageant 307 Pecan Drive Monroe, LA 71203-	Purpose of Disbursement promtional Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 300.00
Full Name, Mailing Address and Zip Code Mystic Krewe of Louisiana P. O. Box 44005 Washington, DC 20026-	Purpose of Disbursement Mardi Gras Expense 2001 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/13/2000	Amount of Each Disbursement This Period 550.00
Full Name, Mailing Address and Zip Code LA Department of Revenue and Taxation P.O. Box 9107 Baton Rouge, LA 70821-9017	Purpose of Disbursement payroll taxes 2nd qtr Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/12/2000	Amount of Each Disbursement This Period 249.00
Full Name, Mailing Address and Zip Code Victory 1000 Louisiana 7016 Wrenwood Blvd., Suite E Baton Rouge, LA 70809-	Purpose of Disbursement promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 10,000.00
Full Name, Mailing Address and Zip Code Mr. Greg Malveaux 1733 Jotland Marrero, LA 70072-	Purpose of Disbursement SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 897.31

SUBTOTAL of Disbursements This Page (optional)	12,349.21
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barnes & Noble, Inc. 3721 Veterans Memorial Hwy Metairie, LA 70002-	Cooksey/McCain Event 4.30.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/30/2000	690.56 MEMO
The Morning Paper 306 South Monroe Street Ruston, LA 71270-4399	promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/13/2000	318.75
Mail Routing Service 1309 Louisville Ave Monroe, LA 71201-6055	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/10/2000	1,615.90
Mail Routing Service 1309 Louisville Ave Monroe, LA 71201-6055	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/2000	1,055.39
The News Star World 411 North 4th Street Monroe, LA 71201-	promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/15/2000	174.00
The NRA Foundation 6620 Frontage Road Monroe, LA 71203-	promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/18/2000	250.00
NRCC c/o Mark Anderson 320 First Street, S. E. Washington, DC 20003-	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/10/2000	10,000.00

SUBTOTAL of Disbursements This Page (optional)	13,413.99
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC c/o Mark Anderson 320 First Street, S. E. Washington, DC 20003-	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/17/2000	10,000.00
Full Name, Mailing Address and Zip Code NRCC c/o Mark Anderson 320 First Street, S. E. Washington, DC 20003	Purpose of Disbursement contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/21/2000	Amount of Each Disbursement this Period 5,000.00
Full Name, Mailing Address and Zip Code NRCC c/o Mark Anderson 320 First Street, S. E. Washington, DC 20003-	Purpose of Disbursement Satelite Feed Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period 19.44 IN KIND
Full Name, Mailing Address and Zip Code Office Depot 2301 Louisville Ave. Monroe, LA 71201-	Purpose of Disbursement office supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/26/2000	Amount of Each Disbursement This Period 77.74
Full Name, Mailing Address and Zip Code Office Depot 2301 Louisville Ave. Monroe, LA 71201-	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/21/2000	Amount of Each Disbursement This Period 5.96
Full Name, Mailing Address and Zip Code Office Depot 2301 Louisville Ave. Monroe, LA 71201-	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/25/2000	Amount of Each Disbursement This Period 143.22
Full Name, Mailing Address and Zip Code Ouachita Parish Republican Party Jack Files 1509 Lamy Lane Monroe, LA 71201-	Purpose of Disbursement promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/14/2000	Amount of Each Disbursement This Period 2,000.00

SUBTOTAL of Disbursements This Page (optional)	17,246.36
TOTAL This Period (Last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Partyist P.O. Box #50618 New Orleans, LA 70185-0618	promotional Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/28/2000	3,000.00
Full Name, Mailing Address and Zip Code Peregrine Corporation 504 N 17th Street Monroe, LA 71201-	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/10/2000	Amount of Each Disbursement This Period 5,517.19
Full Name, Mailing Address and Zip Code Peregrine Corporation 504 N 17th Street Monroe, LA 71201-	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/10/2000	Amount of Each Disbursement This Period 920.04
Full Name, Mailing Address and Zip Code Postmaster 501 Sterlington Road Monroe, LA 71203-	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 330.00
Full Name, Mailing Address and Zip Code Postmaster 501 Sterlington Road Monroe, LA 71203-	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/19/2000	Amount of Each Disbursement This Period 154.00
Full Name, Mailing Address and Zip Code Postmaster 501 Sterlington Road Monroe, LA 71203-	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/18/2000	Amount of Each Disbursement This Period 660.00
Full Name, Mailing Address and Zip Code Postmaster 501 Sterlington Road Monroe, LA 71203-	Purpose of Disbursement postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/11/2000	Amount of Each Disbursement This Period 194.00

SUBTOTAL of Disbursements This Page (optional)	10,682.19
TOTAL This Period (Last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 501 Sterlington Road Monroe, LA 71203-	postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/13/2000	2,805.00
Full Name, Mailing Address and Zip Code Postmaster 501 Sterlington Road Monroe, LA 71203-	Purpose of Disbursement postage ☐ Other (specify)	Date (month, day, year) 05/26/2000	Amount of Each Disbursement This Period 198.00
Full Name, Mailing Address and Zip Code Rapides Parish Republican Party 1725 MacArthur Drive Alexandria, LA 71301-	Purpose of Disbursement promtion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/08/2000	Amount of Each Disbursement This Period 2,000.00
Full Name, Mailing Address and Zip Code Kenda Reed 106 Racove West Monroe, LA 71291-	Purpose of Disbursement SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 07/18/2000	Amount of Each Disbursement This Period 28.75
Full Name, Mailing Address and Zip Code Kenda Reed 106 Racove West Monroe, LA 71291-	Purpose of Disbursement SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/10/2000	Amount of Each Disbursement This Period 22.49
Full Name, Mailing Address and Zip Code Kenda Reed 106 Racove West Monroe, LA 71291-	Purpose of Disbursement travel expences Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 184.20
Full Name, Mailing Address and Zip Code Kenda Reed 106 Racove West Monroe, LA 71291-	Purpose of Disbursement SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 154.00

SUBTOTAL of Disbursements This Page (optional)	5,392.44
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenda Reed 106 Racove West Monroe, LA 71291-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/01/2000	151.35
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brookshires Food Stores 1801 N. 18th Street Monroe, LA 71201-	promotion Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	08/31/2000	2.57 MEMO
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenda Reed 106 Racove West Monroe, LA 71291-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/2000	78.52
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenda Reed 106 Racove West Monroe, LA 71291-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/25/2000	330.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenda Reed 106 Racove West Monroe, LA 71291-	SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	66.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenda Reed 106 Racove West Monroe, LA 71291-	payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/14/2000	829.65
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenda Reed 106 Racove West Monroe, LA 71291-	payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/2000	829.65

SUBTOTAL of Disbursements This Page (optional)	2,285.17
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Kenda Reed 106 Racove West Monroe, LA 71291-	payroll Disbursement for: ☐ Primary ☐ Runoff ☐ other (specify)	08/15/2000	829.65
Kenda Reed 106 Racove West Monroe, LA 71291-	payroll Disbursement for: ☐ Primary ☐ General ☐ other (specify)	08/31/2000	829.65
Kenda Reed 106 Racove West Monroe, LA 71291	payroll Disbursement for: ☐ Primary ☐ General ☐ other (specify)	09/15/2000	829.65
Kenda Reed 106 Racove West Monroe, LA 71291-	payroll Disbursement for: ☐ Primary ☐ General ☐ other (specify)	09/29/2000	829.65
Sav-on Discount Office Supply 1701 North 18th Street Monroe, LA 71201-	office expense Disbursement for: ☐ Primary ☐ General ☐ other (specify)	07/18/2000	565.89
Sav-on Discount Office Supply 1701 North 18th Street Monroe, LA 71201-	office expense Disbursement for: ☐ Primary ☐ General ☐ other (specify)	08/15/2000	95.38
Sav-on Discount Office Supply 1701 North 18th Street Monroe, LA 71201-	office expense Disbursement for: ☐ Primary ☐ General ☐ other (specify)	09/20/2000	86.12

SUBTOTAL of Disbursements This Page (optional)	4,065.99
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Shoffner 6060 Village Bend Drive #2003 Dallas, TX 75206-	payroll Disbursement for: ☐ Primary ☐ General ☐ other (specify)	07/14/2000	797.44
Full Name, Mailing Address and Zip Code Mark Shoffner 6060 Village Bend Drive #2003 Dallas, TX 75206-	Purpose of Disbursement payroll Disbursement for: ☐ Primary ☐ General ☐ other (specify)	Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period 797.44
Full Name, Mailing Address and Zip Code Mark Shoffner 6060 Village Bend Drive #2003 Dallas, TX 75206-	Purpose of Disbursement SEE BELOW Disbursement for: ☐ Primary ☐ General ☐ other (specify)	Date (month, day, year) 08/01/2000	Amount of Each Disbursement This Period 21.90
Full Name, Mailing Address and Zip Code Mark Shoffner 6060 Village Bend Drive #2003 Dallas, TX 75206-	Purpose of Disbursement payroll Disbursement for: ☐ Primary ☐ General ☐ other (specify)	Date (month, day, year) 08/15/2000	Amount of Each Disbursement This Period 797.44
Full Name, Mailing Address and Zip Code Sir Speedy Mark and Karen O'Keefe 1825 Avenue of America Monroe, LA 71201-	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	Date (month, day, year) 07/24/2000	Amount of Each Disbursement This Period 46.83
Full Name, Mailing Address and Zip Code Sir Speedy Mark and Karen O'Keefe 1825 Avenue of America Monroe, LA 71201-	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	Date (month, day, year) 08/10/2000	Amount of Each Disbursement This Period 56.96
Full Name, Mailing Address and Zip Code Sir Speedy Mark and Karen O'Keefe 1825 Avenue of America Monroe, LA 71201-	Purpose of Disbursement printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	Date (month, day, year) 08/25/2000	Amount of Each Disbursement This Period 121.52

SUBTOTAL of Disbursements This Page (optional)	2,641.53
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southwest Computer Bureau, Inc. 1048 E. Cornerview Gonzales, LA 70737-	printing & postage Disbursement for: ☐ Primary ☐ Gene ☐ Other (specify)	09/11/2000	2,667.08
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taxation and Revenue Department City of Monroe P.O. Box 1743 Monroe, LA 71210-1743	utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/13/2000	34.56
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taxation and Revenue Department City of Monroe P.O. Box 1743 Monroe, LA 71210-1743	utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/10/2000	31.36
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Taxation and Revenue Department City of Monroe P.O. Box 1743 Monroe, LA 71210-1743	utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/01/2000	31.36
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Time Warner Cable Post Office Box 30020 Shreveport, LA 71130-0020	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/2000	30.97
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Time Warner Cable Post Office Box 30020 Shreveport, LA 71130-0020	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/29/2000	30.97
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TriStar Danny Breard 2830 Breard Monroe, LA 71201-	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/20/2000	1,665.90

SUBTOTAL of Disbursements This Page (optional)	4,508.20
TOTAL This Period (Last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TriStar Danny Breard 2830 Breard Monroe, LA 71201	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/26/2000	1,588.97
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TriStar Danny Breard 2830 Breard Monroe, LA 71201-	printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/28/2000	500.79
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rebecca Turner 2058 Dorchest Road Minden, LA 71055-	payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/15/2000	225.21
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rebecca Turner 2058 Dorchest Road Minden, LA 71055-	payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/29/2000	216.16
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
08 Unwired PO Box 3190 Lake Charles, LA 70602-3190	web site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/10/2000	75.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
08 Unwired PO Box 3190 Lake Charles, LA 70602-3190	web site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/2000	75.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
08 Unwired PO Box 3190 Lake Charles, LA 70602-3190	web site Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/11/2000	75.00

SUBTOTAL of Disbursements This Page (optional)	2,756.08
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Xerox Corporation P.O. Box 650361 Dallas, TX 75266-0361	office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/26/2000	244.27
Full Name, Mailing Address and Zip Code Xerox Corporation P.O. Box 650361 Dallas, TX 75266-0361	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 08/29/2000	Amount of Each Disbursement This Period 30.92
Full Name, Mailing Address and Zip Code Xerox Corporation P.O. Box 650361 Dallas, TX 75266 0361	Purpose of Disbursement office expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/26/2000	Amount of Each Disbursement This Period 30.92
Full Name, Mailing Address and Zip Code Don Young Photography, Inc. 5580 Canal Blvd New Orleans, LA 70124-	Purpose of Disbursement promotion Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 370.50
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) / /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	676.61
TOTAL This Period (last page this line number only)	107,524.66

SCHEDULE B — **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 19a

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NAME OF COMMITTEE (in Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dr. John Cooksey 2110 Maywood Drive Monroe, LA 71201	Loan Repayment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/14/2000	5,531.00
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	5,531.00
TOTAL This Period (last page this line number only)	5,531.00

SCHEDULE B — **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 20a

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat McDonald R&L Marine 110 Old Bastrop Road Monroe, LA 71203-	Corporate check refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/27/2000	100.00
M. D. Reed 1123 Nashville Avenue New Orleans, LA 70115-4329	Refund of Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	09/21/2000	500.00
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	600.00
TOTAL This Period (last page this line number only)	600.00

SCHEDULE C **LOANS**

NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding as Close of This Period
Dr. John Cooksey 2110 Maywood Drive Monroe, LA 71201 Election: [X] Primary [ ] General [ ] Other (specify)	105,531.00	105,531.00	

Date Incurred 03/14/1996 Date Due on demand Interest Rate 0% Secured (Yes) Secured NO

List All Endorsers or Guarantors (If any) for Item A

Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed/Endorsed

SUBTOTAL This Period This Page (optional)	
TOTAL This Period (last page this line number only)	

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 10/13/06
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Receipt
☐	Electronic Filing	

T.G.
PREPARER

10/12/06
DATE PREPARED

(6/2006)