

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CALCOT, LTD. FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THAD COCHRAN**

Mailing Address 386A HWY 7 SOUTH

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
PAYMENT BY CHECK

011

Candidate Name  
**THAD COCHRAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2014

Transaction ID : SB23.4289

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

500.00
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**TOTAL** This Period (last page this line number only)..... ▶

500.00
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