

FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 OCT -9 PM 2:22

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CITIZENS FOR COCHRAN

ADDRESS (number and street)

PO BOX 7183

Check if different  
than previously  
reported. (ACC)

TUPELO

MS

38802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00091892

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2015

through

M M / D D / Y Y Y Y  
06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN M. ROBINSON

Signature of Treasurer

JOHN M. ROBINSON

Date

M M / D D / Y Y Y Y  
10 / 08 / 2015

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

Office  
Use  
OnlyFEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR COCHRAN

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 / 01 / 2015

To:

M M / D D / Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	293916.00	372941.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	293916.00	372941.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	70429.71	510733.70
(b) Total Offsets to Operating Expenditures (from Line 14)...	146.24	2082.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	70283.47	508651.41
8. Cash on Hand at Close of Reporting Period (from Line 27)...	85629.21	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	387141.22	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**CITIZENS FOR COCHRAN**

Report Covering the Period:

From:

M = M / D = D / Y = Y Y Y Y  
04 / 01 / 2015

To:

M = M / D = D / Y = Y Y Y Y  
06 / 30 / 2015

## **I. RECEIPTS**

### **COLUMN A** Total This Period

### **COLUMN B** Election Cycle-to-Date

#### 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

156025.00

187875.00

(ii) Unitemized .....

641.00

841.00

(iii) TOTAL of contributions from individuals

156666.00

188716.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

137250.00

184225.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

293916.00

372941.00

#### 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

#### 13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

200000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

200000.00

#### 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

146.24

2082.29

#### 15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

10.64

72.64

#### 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

294072.88

575095.93

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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## **II. DISBURSEMENTS**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Election Cycle-to-Date**

17. OPERATING EXPENDITURES...

70429.71

510733.70

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES ..

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate...

150000.00

200000.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS

(add Lines 19(a) and (b))...

150000.00

200000.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees ...

0.00

0.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees  
(such as PACs) ...

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS

(add Lines 20(a), (b), and (c))...

0.00

0.00

21. OTHER DISBURSEMENTS...

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

220429.71

710733.70

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

11986.04

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

294072.88

25. SUBTOTAL (add Line 23 and Line 24)...

306058.92

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

220429.71

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25)...

85629.21

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DANA AGNEW</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 242 GRANVILLE COURT		Transaction ID : SA11AI.38015	
City BATON ROUGE	State LA	Zip Code 70810	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer JAMES AGNEW INTERIORS	Occupation MANAGER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SAMUEL L. AGNEW</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 242 GRANVILLE CT		Transaction ID : SA11AI.38014	
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer ENVIRONMENTAL TECH SALES, INC.	Occupation SALES		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL ALISE</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address 1595 LUCIUS ST.		Transaction ID : SA11AI.38006	
City BILOXI	State MS	Zip Code 39532	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer GULF COAST PRODUCE DISTRIBUTOR	Occupation VP		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		6200.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:		PAGE 6 OF 97	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>HARRY R. ALLEN</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2015	
Mailing Address 1529 MAGNOLIA ST #15 City State Zip Code GULFPORT MS 39507		Transaction ID : SA11AI.37975	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer ALLEN COBB HOOD & ATKINSON		Occupation ATTORNEY	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ROY ANDERSON III</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015	
Mailing Address P.O. BOX 520 City State Zip Code GULFPORT MS 39502		Transaction ID : SA11AI.37972	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ROY ANDERSON CORP		Occupation PRESIDENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CAROLYN E. APOSTOLOU</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 10743 RIVERSCAPE RUN City State Zip Code GREAT FALLS VA 22066		Transaction ID : SA11AI.37985	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 2014 General Debt Retirement	
Name of Employer HUNTINGTON INGALLS		Occupation VP LEGISLATIVE AFFIARS	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14		Election Cycle-to-Date 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2000.00	
<b>TOTAL</b> This Period (last page this line number only).....		2000.00	

201510090200251536

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

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

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(check only one)

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SHERWOOD R. BAILEY Jr.</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015
Mailing Address 813 EAST PASS ROAD		Transaction ID : SA11AI.37989
City GULFPORT	State MS	
Zip Code 39507		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer BAILEY LUMBER	Occupation PRESIDENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>PAUL T. BENTON</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015
Mailing Address P.O. BOX 1341		Transaction ID : SA11AI.37973
City BILOXI	State MS	
Zip Code 39533		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>DEAN P. BLANCHARD</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015
Mailing Address P.O. BOX 1		Transaction ID : SA11AI.38007
City GRAND ISLE	State LA	
Zip Code 70358		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer DEAN BLANCHARD SEAFOOD INC.	Occupation OWNER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

201510090200251537

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

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD BLESSEY**

Mailing Address P.O. BOX 4648

City State Zip Code  
BILOXI MS 39535

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

Name of Employer Occupation  
COLUMBUS COMMUNITIES, LLC ATTORNEY/REAL ESTATE DEVELOPER

Receipt For: 2020  
☐ Primary ☐ General  
☒ Other (specify) Other-Legal Fund

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SA11AI.38052

Amount of Each Receipt this Period

1000.00

Legal Fund

**B.** Full Name (Last, First, Middle Initial)  
**FRANK W. BORDEAUX**

Mailing Address 11633 BLUFF LANE

City State Zip Code  
GULFPORT MS 39507

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

Name of Employer Occupation  
STEWART SNEED AND HEWES INSURANCE

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SA11AI.37987

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**BERNIE BURKHOLDER**

Mailing Address 2012 BAYOU LAPORTE DR

City State Zip Code  
BILOXI MS 39531

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

Name of Employer Occupation  
WESTERN DEVELOPMENT GROUP, LLC DEVELOPER

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SA11AI.38120

Amount of Each Receipt this Period

2000.00

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

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

3500.00

201510090200251530



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JAMES BUTERA</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 499 S. CAPITOL ST SW #600		Transaction ID : SA11AI.38131	
City WASHINGTON	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer JONES WALKER		Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ROBERT BYRD</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 145 MAIN ST		Transaction ID : SA11AI.38076	
City BILOXI	State MS	Zip Code 39533	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BYRD & WISER		Occupation ATTORNEY	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>PAUL F. CAMBON</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 908 CROTON DR.		Transaction ID : SA11AI.38130	
City ALEXANDRIA	State VA	Zip Code 22308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE LIVINGSTON GROUP, LLC		Occupation ASSOCIATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:  
(check only one)

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MARTIN CANCIENNE</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 7075 HWY 1 SOUTH		Transaction ID : SA11AI.38126	
City BELLE ROSE	State LA	Zip Code 70341	Amount of Each Receipt this Period 500.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C			
Name of Employer THE LIVINGSTON GROUP, LLC	Occupation Lobbyist		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14	Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOSEPH C. CANIZARO</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 909 POYDRAS STREET SUITE 1700		Transaction ID : SA11AI.38028	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer COLUMBUS PROPERTIES LP	Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOEL CARTER Sr.</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 29		Transaction ID : SA11AI.38026	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ISLAND VIEW CASINO	Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		4100.00	
<b>TOTAL</b> This Period (last page this line number only) .....			

201510090200251540

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

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

FOR LINE NUMBER:		PAGE 11 OF 97	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CLARENCE CHAPMAN</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 550		Transaction ID : SA11AI.38078	
City OXFORD	State MS	Zip Code 38655	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Chartre Consulting, Inc.	Occupation Consultant		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SIDNEY CHARBONNET</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 18 GOLF VIEW DR		Transaction ID : SA11AI.38079	
City PASS CHRISTIAN	State MS	Zip Code 39571	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SEEMANN COMPOSITES	Occupation EXECUTIVE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JAY M COHEN</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1399 NEW YORK AVE, NW SUITE 900		Transaction ID : SA11AI.38043	
City WASHINGTON	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CHERTOFF GROUP	Occupation PRINCIPAL		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2500.00	
<b>TOTAL</b> This Period (last page this line number only) .....			

201510090200251541

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BRIAN CUCCIAS</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 3580 LAKEFRONT DR			Transaction ID : SA11AI.38045	
City	State	Zip Code		
MOBILE	AL	36695		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer INGALLS SHIPBUILDING		Occupation VP	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOHN DANE III</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 11638 BLUFF LANE			Transaction ID : SA11AI.37952	
City	State	Zip Code		
GULFPORT	MS	39503		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2000.00	
Name of Employer TRINITY YACHTS, LLC		Occupation PRES/CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>NATHAN DASCHLE</b>			Date of Receipt MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 3710 NEWARK STREET NW #201			Transaction ID : SA11AI.38187	
City	State	Zip Code		
WASHINGTON	DC	20016		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 525.00	
Name of Employer THE DASCHLE GROUP		Occupation CONSULTANT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 525.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....			3525.00	
<b>TOTAL</b> This Period (last page this line number only).....				

201510090200251542

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>JEROME M. DATTEL</b></p> <p>Mailing Address <b>PO BOX 152</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City <b>HATTIESBURG</b></td> <td style="width: 33%;">State <b>MS</b></td> <td style="width: 33%;">Zip Code <b>39403-0152</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer <b>MORGAN KEEGAN &amp; CO</b></td> <td style="width: 66%;">Occupation <b>EXECUTIVE MANAGING DIRECTOR</b></td> </tr> </table> <p>Receipt For: 2020  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p>	City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39403-0152</b>	Name of Employer <b>MORGAN KEEGAN &amp; CO</b>	Occupation <b>EXECUTIVE MANAGING DIRECTOR</b>	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">05 / 01 / 2015</div> </p> <p>Transaction ID : <b>SA11AI.37962</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p>
City <b>HATTIESBURG</b>	State <b>MS</b>	Zip Code <b>39403-0152</b>				
Name of Employer <b>MORGAN KEEGAN &amp; CO</b>	Occupation <b>EXECUTIVE MANAGING DIRECTOR</b>					
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>WILLIAM D. DENNIS</b></p> <p>Mailing Address <b>P.O. BOX 6181</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City <b>GULFPORT</b></td> <td style="width: 33%;">State <b>MS</b></td> <td style="width: 33%;">Zip Code <b>39506</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer <b>SPECIALTY CONTRACTORS</b></td> <td style="width: 66%;">Occupation <b>ASSOCIATE</b></td> </tr> </table> <p>Receipt For: 2020  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p>	City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39506</b>	Name of Employer <b>SPECIALTY CONTRACTORS</b>	Occupation <b>ASSOCIATE</b>	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 15 / 2015</div> </p> <p>Transaction ID : <b>SA11AI.38080</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p>
City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39506</b>				
Name of Employer <b>SPECIALTY CONTRACTORS</b>	Occupation <b>ASSOCIATE</b>					
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BILL DEVINEY Jr.</b></p> <p>Mailing Address <b>P.O. BOX 6717</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City <b>JACKSON</b></td> <td style="width: 33%;">State <b>MS</b></td> <td style="width: 33%;">Zip Code <b>39282</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer <b>DEVINEY CONSTRUCTION</b></td> <td style="width: 66%;">Occupation <b>CEO</b></td> </tr> </table> <p>Receipt For: 2020  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) _____</p> <p>Election Cycle-to-Date  <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p>	City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39282</b>	Name of Employer <b>DEVINEY CONSTRUCTION</b>	Occupation <b>CEO</b>	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">05 / 14 / 2015</div> </p> <p>Transaction ID : <b>SA11AI.38054</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39282</b>				
Name of Employer <b>DEVINEY CONSTRUCTION</b>	Occupation <b>CEO</b>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>		<div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>				
<p><b>TOTAL</b> This Period (last page this line number only).....</p>		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>				

201510090200251543

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>STEVE DICKSON</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address <b>116 WOODGREEN CROSSING</b>			<b>Transaction ID : SA11AI.37949</b>	
City <b>MADISON</b>	State <b>MS</b>	Zip Code <b>39110</b>	Amount of Each Receipt this Period 1000.00 2014 General Debt Retirement	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>STRATAGEM</b>		Occupation <b>PRESIDENT</b>		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14		Election Cycle-to-Date 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MACON EDWARDS</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address <b>600 PENNSYLVANIA AVE, SE SUITE 320</b>			<b>Transaction ID : SA11AI.38224</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount of Each Receipt this Period 600.00 Legal Fund	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>MACON EDWARDS COMPANY</b>		Occupation <b>CONSULTANT</b>		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: Legal Fund		Election Cycle-to-Date 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MACON EDWARDS</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address <b>600 PENNSYLVANIA AVE, SE SUITE 320</b>			<b>Transaction ID : SA11AI.38225</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>MACON EDWARDS COMPANY</b>		Occupation <b>CONSULTANT</b>		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

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

201510090200251544

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MELISSA EDWARDS</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 4335 WARREN ST			Transaction ID : SA11AI.38263	
City WASHINGTON	State DC	Zip Code 20016	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MISSY EDWARDS STRATEGIES		Occupation CONSULTANT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>W MAC ELLIOTT</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 2387			Transaction ID : SA11AI.37983	
City MADISON	State MS	Zip Code 39130	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer NATIONAL AVIATION		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>RACHEL ELMORE</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 2482			Transaction ID : SA11AI.38068	
City MADISON	State MS	Zip Code 39130	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer N/A		Occupation HOMEMAKER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			4000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

201510090200251545

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

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

A. Full Name (Last, First, Middle Initial) <b>ROBERT T. ELMORE</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2015
Mailing Address P.O. BOX 2482		Transaction ID : SA11AI.38067
City MADISON	State MS	
Zip Code 39130		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer EUTAW CONSTRUCTION CO., INC.	Occupation OWNER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

B. Full Name (Last, First, Middle Initial) <b>JAMES L. ERVIN</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015
Mailing Address 116 QUEEN STREET		Transaction ID : SA11AI.37977
City ALEXANDRIA	State VA	
Zip Code 22314		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer ERVIN HILL STRATEGY	Occupation CHAIRMAN/CEO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

C. Full Name (Last, First, Middle Initial) <b>KURT M. EVANS</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015
Mailing Address 4061 TURTLE BAYOU DR		Transaction ID : SA11AI.38081
City KENNER	State LA	
Zip Code 70065		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer DIGITAL ENGINEERING	Occupation CEO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

201510090200251546



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ALFRED FABER</b>			Date of Receipt MM / DD / YYYY 06 / 05 / 2015	
Mailing Address 55 BEECH RIDGE DR			Transaction ID : SA11AI.38168	
City	State	Zip Code		
POWELL	OH	43065		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer BALDRIDGE FOUNDATION			Occupation PRES/CEO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>CY FANCA</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1526 BERT AVE			Transaction ID : SA11AI.38082	
City	State	Zip Code		
GULFPORT	MS	39501		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer DUKES, DUKES, KEATING & FANCA PA			Occupation ATTORNEY	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>TANYA FAYARD</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 19 LAWRENCE PL			Transaction ID : SA11AI.37958	
City	State	Zip Code		
GULFPORT	MS	39507		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED			Occupation RETIRED	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			1750.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW FORBES**

Mailing Address 3124 SHADELAND DR

City FALLS CHURCH State VA Zip Code 22044

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

Name of Employer CASSIDY & ASSOCIATES Occupation GOV'T RELATIONS

Receipt For: 2014  
☒ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date  
250.00

Date of Receipt

MM / DD / YYYY  
05 / 26 / 2015

Transaction ID : SA11AI.38152

Amount of Each Receipt this Period

250.00

2014 General Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**PAUL M. FRANKE Jr.**

Mailing Address P.O. DRAWER 460

City GULFPORT State MS Zip Code 39502

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SA11AI.38114

Amount of Each Receipt this Period

1000.00

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

Mailing Address 4661 N. DITTMAR RD

City ARLINGTON State VA Zip Code 22207

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

Name of Employer THE FRITTS GROUP, LLC Occupation PRESIDENT

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date  
2000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11AI.38228

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

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

2250.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MARTY J. FULLER</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address 1092 ARTESIA ROAD			Transaction ID : SA11AI.38065	
City	State	Zip Code		
STARKVILLE	MS	39759		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer FEDERAL SOLUTIONS, LLC		Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>ROBERT C. GALLOWAY</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. DRAWER 4248			Transaction ID : SA11AI.38051	
City	State	Zip Code		
GULFPORT	MS	39502		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer BUTLER SNOW		Occupation ATTORNEY	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOE P. GIBBONS Jr.</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 7439 MAHALO HUI DR			Transaction ID : SA11AI.38083	
City	State	Zip Code		
DIAMONDHEAD	MS	39525		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer SELF		Occupation INVENTOR		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

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

201510090200251549

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ARMY GOLLOTT</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1191			Transaction ID : SA11AI.38085	
City	State	Zip Code		
BILOXI	MS	39533		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			500.00	
Name of Employer C.F. GOLLOTT & SON SEAFOOD		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
		500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BEN GOLLOTT</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1191			Transaction ID : SA11AI.38086	
City	State	Zip Code		
BILOXI	MS	39533		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			500.00	
Name of Employer C.F. GOLLOTT & SON SEAFOOD		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
		500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BRIAN GOLLOTT</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1191			Transaction ID : SA11AI.38087	
City	State	Zip Code		
BILOXI	MS	39533		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			500.00	
Name of Employer C.F. GOLLOTT & SON SEAFOOD		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
		500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			1500.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

201510090200251550

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

**A.** Full Name (Last, First, Middle Initial)  
**DALE GOLLOTT**

Mailing Address P.O. BOX 1191

City State Zip Code  
BILOXI MS 39533

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

Name of Employer Occupation  
C.F. GOLLOTT & SON SEAFOOD OWNER

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2015

Transaction ID : SA11AI.38088

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**E.R. GOLLOTT**

Mailing Address P.O. BOX 1458

City State Zip Code  
BILOXI MS 39533

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

Name of Employer Occupation  
GOLDEN GULF COAST PKG OWNER

Receipt For: 2020  
☐ Primary ☐ General  
☒ Other (specify) Other-Legal Fund

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
04 / 28 / 2015

Transaction ID : SA11AI.38039

Amount of Each Receipt this Period

1000.00

Legal Fund

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT J. GRAY**

Mailing Address 6354 ALDERMAN DR

City State Zip Code  
KINGSTOWNE VA 22315

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

Name of Employer Occupation  
COUNCIL OF NORTHEAST FARMER COOPERATIVE EXECUTIVE DIRECTOR

Receipt For: 2020  
☐ Primary ☐ General  
☒ Other (specify) Other-Legal Fund

Election Cycle-to-Date  
300.00

Date of Receipt

MM / DD / YYYY  
05 / 18 / 2015

Transaction ID : SA11AI.38134

Amount of Each Receipt this Period

300.00

Legal Fund

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

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

1800.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>TERRY W. GREEN</b>			Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address P.O. BOX 2788			Transaction ID : SA11AI.38017	
City SUGARLAND	State TX	Zip Code 77487	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ISLAND VIEW CASINO RESORT		Occupation PRESIDENT/CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>EDWARD E. HADDOCK Jr.</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 3300 UNIVERSITY BLVD STE. 218			Transaction ID : SA11AI.38269	
City WINTER PARK	State FL	Zip Code 32792	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			2014 General Debt Retirement	
Name of Employer HADDOCK PROFESSIONAL ASSN		Occupation ATTORNEY		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MITCHELL HAIRSTON</b>			Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 49 54TH ST			Transaction ID : SA11AI.38018	
City GULFPORT	State MS	Zip Code 39507	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer COVINGTON CIVIL & ENVIRONMENTA		Occupation MANAGING PARTNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

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

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

2500.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DON HALLE</b>			Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 225 COWAN ROAD			Transaction ID : SA11AI.38021	
City	State	Zip Code		
GULFPORT	MS	39507		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer GULF PROPERTIES		Occupation REAL ESTATE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAMES W. HARDAMAN</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 16 HANCOCK PLACE			Transaction ID : SA11AI.38049	
City	State	Zip Code		
GULFPORT	MS	39507		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF		Occupation INVESTOR	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CECIL W. HARPER</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 169 WAYS WAY			Transaction ID : SA11AI.37984	
City	State	Zip Code		
MADISON	MS	39110		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer HARPER RAINS KNIGHT & CO		Occupation MANAGING DIRECTOR		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

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

201510090200251553

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BILL HAWKS</b>			Date of Receipt MM / DD / YYYY 06 / 24 / 2015	
Mailing Address 1004 E. CAPITOL N.E.			Transaction ID : SA11AI.38220	
City	State	Zip Code	Amount of Each Receipt this Period 1500.00	
WASHINGTON	DC	20003		
FEC ID number of contributing federal political committee.		C		
Name of Employer AG Work Solutions		Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>EDWARD T HAYES</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 609 TAYLOR AVE			Transaction ID : SA11AI.37954	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
METARIE	LA	70005		
FEC ID number of contributing federal political committee.		C		
Name of Employer BAYOU TAX CREDITS		Occupation OFFICER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>BRET HEALY</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address P.O. BOX 731			Transaction ID : SA11AI.37947	
City	State	Zip Code	Amount of Each Receipt this Period 500.00 2014 General Debt Retirement	
CHAMBERLAIN	SD	57325		
FEC ID number of contributing federal political committee.		C		
Name of Employer RIVER BLUFFS STRATEGIES		Occupation PRES		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14		Election Cycle-to-Date 500.00		

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

201510090200251554



**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CLAYTON HEIL</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2015	
Mailing Address 5927 OAKDALE ROAD			Transaction ID : SA11AI.37946	
City	State	Zip Code		
MCLEAN	VA	22101		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer ICE MILLER STRATEGIES, LLC			2014 General Debt Retirement	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14			Election Cycle-to-Date 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>PETER N HIEBERT</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2015	
Mailing Address 3207 ROLLING ROAD			Transaction ID : SA11AI.37997	
City	State	Zip Code		
CHEVY CHASE	MD	20815		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer WINSTON & STRAWN			ATTORNEY AT LAW	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>RACHELLE JOHNSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2015	
Mailing Address 4116 AMES ST NE #13			Transaction ID : SA11AI.38219	
City	State	Zip Code		
WASHINGTON	DC	20002		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer SENATOR THAD COCHRAN			STAFF MEMBER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

2015100902002511555

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>HENRY JONES</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address 222 LIGHTHOUSE LN			Transaction ID : SA11AI.38055	
City	State	Zip Code		
BRANDON	MS	39047		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1500.00	
Name of Employer MAV 6		Occupation CHIEF IT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>ROBERT R. KANE</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 202 S. TOULME ST.			Transaction ID : SA11AI.38089	
City	State	Zip Code		
BAY ST. LOUIS	MS	39520		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF		Occupation REAL ESTATE BROKER & PROPERTY MAN/		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>MARK KEENUM</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address 155 MORRILL RD			Transaction ID : SA11AI.38063	
City	State	Zip Code		
STARKVILLE	MS	39759		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer MISSISSIPPI STATE UNIVERSITY		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

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

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

3000.00

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

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

Full Name (Last, First, Middle Initial) <b>A. TED KENDALL III III</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 96		Transaction ID : SA11AI.37978	
City BOLTON	State MS	Zip Code 39041	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE GADDIS FARMS	Occupation FARMER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. J. KEITH KENNEDY</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 3220 JUNIPER LANE		Transaction ID : SA11AI.38040	
City FALLS CHURCH	State VA	Zip Code 22044	Amount of Each Receipt this Period 1000.00 Legal Fund
FEC ID number of contributing federal political committee. C			
Name of Employer BAKER DONELSON	Occupation CHAIR FEDERAL PUBLIC POLICY GROUP		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>C. LYNDSEY LAMB</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address 1164 LLOYD EUBANKS RD		Transaction ID : SA11AI.38037	
City LUCEDALE	State MS	Zip Code 39452	Amount of Each Receipt this Period 1000.00 Legal Fund
FEC ID number of contributing federal political committee. C			
Name of Employer LUCEDALE SCHOOLS	Occupation TEACHER		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 1000.00		

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

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>LEE C. LAMPTON</b>		Date of Receipt MM / DD / YYYY <b>04 / 20 / 2015</b>
Mailing Address P.O. BOX 2401		Transaction ID : <b>SA11AI.38059</b>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39225-2401</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>ERGON</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>LESLIE B. LAMPTON</b>		Date of Receipt MM / DD / YYYY <b>04 / 20 / 2015</b>
Mailing Address P.O. BOX 1308		Transaction ID : <b>SA11AI.38061</b>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39215</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>ERGON</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>LESLIE B. LAMPTON III</b>		Date of Receipt MM / DD / YYYY <b>04 / 20 / 2015</b>
Mailing Address P.O. BOX 2401		Transaction ID : <b>SA11AI.38060</b>
City <b>JACKSON</b>	State <b>MS</b>	Zip Code <b>39225-2401</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>ERGON</b>	Occupation <b>EXECUTIVE</b>	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

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

201510090200251550

**SCHEDULE A (FEC Form 3)**  
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12	13a	13b	14
			15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ROBERT H. LAMPTON</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 2401			Transaction ID : SA11AI.38057	
City JACKSON	State MS	Zip Code 39225-2401	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ERGON		Occupation EXECUTIVE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WILLIAM W. LAMPTON</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 2401			Transaction ID : SA11AI.38058	
City JACKSON	State MS	Zip Code 39225-2401	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ERGON		Occupation EXECUTIVE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>J. PATRICK LEE</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1561 W. UNION RD			Transaction ID : SA11AI.38048	
City PICAYUNE	State MS	Zip Code 39466	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C			Legal Fund	
Name of Employer J. PATRICK LEE CONSTRUCTION		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 2600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			4600.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

201510090200251559

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JERRY L. LEVENS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2015	
Mailing Address 20059 PINEVILLE RD		Transaction ID : SA11AI.38090	
City LONG BEACH	State MS	Zip Code 39560	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALEXANDER VAN LOON SLOAN LEVEN	Occupation CPA		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL LIPSKI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2015	
Mailing Address 14228 WOODLAND HILLS DR		Transaction ID : SA11AI.38092	
City BILOXI	State MS	Zip Code 39532	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HUNTINGTON INGALLS	Occupation VP		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ROBERT L. LIVINGSTON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2015	
Mailing Address 7703 NORTHDOWN RD		Transaction ID : SA11AI.38124	
City ALEXANDRIA	State VA	Zip Code 22308	Amount of Each Receipt this Period 500.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C			
Name of Employer THE LIVINGSTON GROUP, LLC	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

201510090200251560

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

Use separate schedule(s)  
for each category of the  
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12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial) <b>RYAN LONG</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address P.O. BOX 14416		Transaction ID : SA11AI.38234
City WASHINGTON	State DC	Zip Code 20044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BGR GOV'T AFFAIRS, LLC	Occupation PRINCIPAL	2014 General Debt Retirement
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>THEODORE LYNCH</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015
Mailing Address 10507 CLIPPER DRIVE		Transaction ID : SA11AI.38004
City FX STATION	State VA	Zip Code 22039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SMI, INC.	Occupation President	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JOHN P. MAGILL</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015
Mailing Address 1212 GATEWOOD DR		Transaction ID : SA11AI.38128
City ALEXANDRIA	State VA	Zip Code 22307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer THE LIVINGSTON GROUP	Occupation ASSOCIATE	2014 General Debt Retirement
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 500.00	

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

2015100902002511501

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

Use separate schedule(s)  
for each category of the  
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(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
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			15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NIKICA MALJKOVIC</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1322 ARABELLA STREET, APT A		Transaction ID : SA11AI.38046	
City NEW ORLEANS	State LA	Zip Code 70115	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MS AMMO CO.	Occupation CHIEF ENGINEER		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>GARY G. MARCHAND</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address 6 ROSALIE DRIVE		Transaction ID : SA11AI.38005	
City LONG BEACH	State MS	Zip Code 39560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MEMORIAL HOSPITAL @ GULFPORT	Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>J. ALLEN MARTIN</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 10095 LAWYERS ROAD		Transaction ID : SA11AI.38127	
City VIENNA	State VA	Zip Code 22181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE LIVINGSTON GROUP, LLC	Occupation ASSOCIATE		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

201510090200251562



**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>DON E. MASON</b>		Date of Receipt MM / DD / YYYY <b>04 / 15 / 2015</b>
Mailing Address <b>5 COLONEL WINK DR.</b>		Transaction ID : <b>SA11AI.38047</b>
City <b>GULFPORT</b>	State <b>MS</b>	Zip Code <b>39507</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Future Pipe Industries</b>	Occupation <b>Attorney</b>	Legal Fund
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other-Legal Fund</b>	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>MATCH-E-BE-NASH-SHE-WISH BAND OF POTTAWATOMI INDIANS</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2015</b>
Mailing Address <b>P.O. BOX 218</b>		Transaction ID : <b>SA11AI.38279</b>
City <b>DORR</b>	State <b>MI</b>	Zip Code <b>49323</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	2014 General Debt Retirement
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other:GenDebt14</b>	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>JENNIFER W. MAVAR</b>		Date of Receipt MM / DD / YYYY <b>04 / 15 / 2015</b>
Mailing Address <b>447 SANLENAY CT</b>		Transaction ID : <b>SA11AI.38112</b>
City <b>BILOXI</b>	State <b>MS</b>	Zip Code <b>39531</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2600.00</b>
Name of Employer <b>N/A</b>	Occupation <b>HOMEMAKER</b>	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2600.00</b>	

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

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

**4100.00**

201510090200251502

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MARK MAVAR</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 730			Transaction ID : SA11AI.38113	
City	State	Zip Code	Amount of Each Receipt this Period 2600.00	
BILOXI	MS	39533		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer BILOXI FREEZING & PROCESSING		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>VICTOR V. MAVAR Jr.</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1910			Transaction ID : SA11AI.38111	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
BILOXI	MS	39533		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer BILOXI FREEZING		Occupation SEAFOOD PROCESSING		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>VICTOR V. MAVAR Jr.</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1910			Transaction ID : SA11AI.38119	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
BILOXI	MS	39533		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer BILOXI FREEZING		Occupation SEAFOOD PROCESSING		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			4600.00	
<b>TOTAL</b> This Period (last page this line number only).....				

201510090200251564

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Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NICKY MAXWELL</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 3819 ALANDE ST		Transaction ID : SA11AI.38020	
City PASCAGOULA	State MS	Zip Code 39581	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MISSISSIPPI SECURITY POLICE		Occupation OWNER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 1000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>GLENN L. McCULLOUGH Jr.</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2015	
Mailing Address 245 CR 183		Transaction ID : SA11AI.37970	
City TUPELO	State MS	Zip Code 38804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer GLM ASSOCIATES, LLC		Occupation CEO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>AIMEE MCLENDON</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 423 DEJEAN COVE		Transaction ID : SA11AI.37957	
City BILOXI	State MS	Zip Code 39531	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer N/A		Occupation HOMEMAKER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		4500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JONATHAN MCLENDON</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 423 DE JEAN COVE			Transaction ID : SA11AI.38115	
City	State	Zip Code		
BILOXI	MS	39531		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2000.00	
Name of Employer M&M PROCESSING, LLC			Occupation PRESIDENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>PETER MCPHERSON</b>			Date of Receipt MM / DD / YYYY 05 / 01 / 2015	
Mailing Address 8329 WELLER AVE			Transaction ID : SA11AI.37961	
City	State	Zip Code		
MCLEAN	VA	22102		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer ASSN OF PUBLIC & LAND GRANT UN			Occupation PRESIDENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>L. BRUCE NEWTON</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 4543 MENGE AVE.			Transaction ID : SA11AI.38101	
City	State	Zip Code		
PASS CHRISTIAN	MS	39571		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer DIGITAL ENGINEERING			Occupation EXEC VP	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			3500.00	
<b>TOTAL</b> This Period (last page this line number only).....				

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**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JEREMIAH O'KEEFE</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 510 BEACH BLVD		Transaction ID : SA11AI.38116	
City BILOXI	State MS	Zip Code 39530	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SEAN O'KEEFE</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2015	
Mailing Address 43385 BALLANTINE PLACE		Transaction ID : SA11AI.38217	
City ASHBURN	State VA	Zip Code 20147	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer AIRBUS GROUP		Occupation EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14		Election Cycle-to-Date 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>A. J. M. OUSTALET III</b>		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 9274 HWY 49		Transaction ID : SA11AI.38022	
City GULFPORT	State MS	Zip Code 39503	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer BUTCH OUSTALET INC		Occupation CAR DEALER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2500.00	
<b>TOTAL</b> This Period (last page this line number only) .....			

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>JOE SAM OWEN</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O.BOX 673			Transaction ID : SA11AI.38122	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation ATTORNEY		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>CAROLINE PUTNAM</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1121			Transaction ID : SA11AI.38041	
City PICAYUNE	State MS	Zip Code 39466	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SELF		Occupation MERCHANT	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>BARRY D. RHOADS</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 6793 FATHER JOHN CT			Transaction ID : SA11AI.38246	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer CASSIDY & ASSOCIATES		Occupation PRESIDENT	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

201510090200251500

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**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BERNIE ROBINSON</b>			Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 408 A STREET, S.E.			Transaction ID : SA11AI.38125	
City	State	Zip Code		
WASHINGTON	DC	20003		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer THE LIVINGSTON GROUP, LLC			2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14			Election Cycle-to-Date 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL ROSSETTI</b>			Date of Receipt MM / DD / YYYY 06 / 22 / 2015	
Mailing Address 6611 DEARBORN DR			Transaction ID : SA11AI.38216	
City	State	Zip Code		
FALLS CHURCH	VA	22044		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer AKIN GUMP				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>ROLAND SAMSON III</b>			Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 7468 LIVE OAK WAY			Transaction ID : SA11AI.38024	
City	State	Zip Code		
PASS CHRISTIAN	MS	39571		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer SAMSON & POWERS, PLLC				
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

**A.** Full Name (Last, First, Middle Initial)  
**JOE F. SANDERSON Jr.**

Mailing Address **P.O. BOX 988**

City **LAUREL** State **MS** Zip Code **39441**

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

Name of Employer **SANDERSON FARMS** Occupation **CHAIRMAN/CEO**

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 15 / 2015**

Transaction ID : **SA11AI.37981**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**KATHERINE L. SANDERSON**

Mailing Address **1005 W. 15TH ST**

City **LAUREL** State **MS** Zip Code **39440**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 15 / 2015**

Transaction ID : **SA11AI.37982**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**SANTA YNEZ BAND OF MISSION INDIANS**

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

City **SANTA YNEZ** State **CA** Zip Code **93460**

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

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2015**

Transaction ID : **SA11AI.38255**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6000.00**

201510090200251570



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

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

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(check only one)

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>THOMAS W SAWYER</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 414 EAST SECOND ST		Transaction ID : SA11AI.38099	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer BEECHER CARLSON	Occupation BROKER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>GEORGE A. SCHLOEGEL</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2015	
Mailing Address 800 COMMERCE STREET		Transaction ID : SA11AI.37998	
City GULFPORT	State MS	Zip Code 39507	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer HANCOCK BANK	Occupation COMMERCIAL BANKER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN SCIALDONE</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 4080		Transaction ID : SA11AI.38096	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer FOWLER RODRIGUEZ VALDES-FAULI	Occupation ATTORNEY		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		4100.00	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial) <b>WYNN SEEMANN</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 25258 NOTRE DAMES			Transaction ID : SA11AI.38103	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation EDUCATOR		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>WILLIAM SEEMANN III</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 25258 NOTRE DAMES			Transaction ID : SA11AI.38100	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SEEMANN COMPOSITES		Occupation PRESIDENT/MANAGER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>WILLIAM H SEEMANN IV</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 135 HILLCREST RD			Transaction ID : SA11AI.38102	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer SEEMANN COMPOSITES		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....			5100.00	
TOTAL This Period (last page this line number only).....				

201510090200251572

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial) <b>ROXANNE SEVIN</b>		Date of Receipt MM / DD / YYYY <b>04 / 28 / 2015</b>
Mailing Address <b>4678 HIGHWAY 56</b>		Transaction ID : <b>SA11AI.38008</b>
City <b>CHAUVIN</b>	State <b>LA</b>	Zip Code <b>70344</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2500.00</b>
Name of Employer <b>SELF</b>	Occupation <b>MERCHANT</b>	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2500.00</b>	

Full Name (Last, First, Middle Initial) <b>SHAKOPEE MDEWAKANTON SIOUX COMMUNITY</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2015</b>
Mailing Address <b>2330 SIOUX TRAIL NW</b>		Transaction ID : <b>SA11AI.38257</b>
City <b>PRIOR LAKE</b>	State <b>MN</b>	Zip Code <b>55372</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>Mrs. PETER SKRMETTA</b>		Date of Receipt MM / DD / YYYY <b>05 / 11 / 2015</b>
Mailing Address <b>240 IROQUOIS ST</b>		Transaction ID : <b>SA11AI.37955</b>
City <b>BILOXI</b>	State <b>MS</b>	Zip Code <b>39530</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>N/A</b>	Occupation <b>RETIRED</b>	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>500.00</b>	

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

201510090200251573

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JOHN B. SNEED</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 141 BAYOU CIRCLE			Transaction ID : SA11AI.38104	
City	State	Zip Code	Amount of Each Receipt this Period 2000.00	
GULFPORT	MS	39507		
FEC ID number of contributing federal political committee.				
Name of Employer STEWART SNEED HEWES			Occupation INSURANCE AGENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dr. MOBASHIR SOLANGI</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 8288 JENNIFER LANE			Transaction ID : SA11AI.38105	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
LONG BEACH	MS	39560		
FEC ID number of contributing federal political committee.				
Name of Employer MARINE LIFE OCEANARIUM			Occupation PRESIDENT & CEO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JEFFREY T. STEINER</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 309 E. SCENIC DR			Transaction ID : SA11AI.38106	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
PASS CHRISTIAN	MS	39571		
FEC ID number of contributing federal political committee.				
Name of Employer GULFPORT MEMORIAL HOSPITAL			Occupation CFO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			4000.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

201510090200251574

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

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

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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BEN H. STONE</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address P.O. BOX 130		Transaction ID : SA11AI.38010	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer BALCH & BINGHAM LLP	Occupation ATTORNEY AT LAW		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MILTON SUNDBECK</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 1217		Transaction ID : SA11AI.38064	
City WEST POINT	State MS	Zip Code 39773	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SOUTHERN IONICS	Occupation PRES/CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SYCUAN BAND OF THE KUMEYAAY NATION</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 2 KWAAYPAAY COURT		Transaction ID : SA11AI.38259	
City EL CAJON	State CA	Zip Code 92019	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		5000.00	
<b>TOTAL</b> This Period (last page this line number only).....			

201510090200251575

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL TONGOUR</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 4937 TILDEN STREET NW			Transaction ID : SA11AI.37950	
City	State	Zip Code		
WASHINGTON	DC	20016		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer TONGER SIMPSON HOLSCLAW LYTLE			2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14			Election Cycle-to-Date 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL TONGOUR</b>			Date of Receipt MM / DD / YYYY 06 / 22 / 2015	
Mailing Address 4937 TILDEN STREET NW			Transaction ID : SA11AI.38215	
City	State	Zip Code		
WASHINGTON	DC	20016		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer TONGER SIMPSON HOLSCLAW LYTLE			2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14			Election Cycle-to-Date 1500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>WILLIAM J. VAN DEVENDER</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 5327			Transaction ID : SA11AI.37986	
City	State	Zip Code		
JACKSON	MS	39296		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer SOUTHERN TIMBER VENTURE, LLC			2014 General Debt Retirement	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	

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

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

201510090200251576

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

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

FOR LINE NUMBER: PAGE 47 OF 97  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>H. STEWART VAN SCOYOC</b>			Date of Receipt MM / DD / YYYY 06 / 06 / 2015	
Mailing Address 131 YARNICK ROAD			Transaction ID : SA11AI.38170	
City	State	Zip Code		
GREAT FALLS	VA	22066		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer VAN SCOYOC & ASSOC			Occupation PRESIDENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 5500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>LEE VOULTERS</b>			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 927 E. SCENIC DR			Transaction ID : SA11AI.38108	
City	State	Zip Code		
PASS CHRISTIAN	MS	39571		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer SELF			Occupation NEUROLOGIST	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>ALLISON WAGGONER</b>			Date of Receipt MM / DD / YYYY 04 / 16 / 2015	
Mailing Address 100 CHERRY LAUREL CIRCLE			Transaction ID : SA11AI.37995	
City	State	Zip Code		
RIDGELAND	MS	39157		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2700.00	
Name of Employer NONE			Occupation HOMEMAKER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4200.00
<b>TOTAL</b> This Period (last page this line number only).....	

201510090200251577

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>A. JOE A. WAGGONER</b>			Date of Receipt MM / DD / YYYY 04 / 16 / 2015	
Mailing Address 100 CHERRY LAUREL LN			Transaction ID : SA11AI.37994	
City RIDGELAND	State MS	Zip Code 39157	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C		Name of Employer WAGGONER ENGINEERING, INC		
Occupation PRESIDENT/CEO		Election Cycle-to-Date 2700.00		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

Full Name (Last, First, Middle Initial) <b>B. JOHN WAITS</b>			Date of Receipt MM / DD / YYYY 04 / 16 / 2015	
Mailing Address 6609 PERSIMMON TREE RD			Transaction ID : SA11AI.37996	
City CABIN JOHN	State MD	Zip Code 20818	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer WINSTON & STRAWN		
Occupation ATTORNEY		Election Cycle-to-Date 500.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14		2014 General Debt Retirement		

Full Name (Last, First, Middle Initial) <b>C. MITCHELL WALDMAN</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 7414 DOROTHY COURT			Transaction ID : SA11AI.37945	
City SPRINGFIELD	State VA	Zip Code 22153	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer HUNTINGTON INGALLS INDUSTRIES		
Occupation CORP VP		Election Cycle-to-Date 500.00		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

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

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

<b>A.</b> Full Name (Last, First, Middle Initial) BRENT WARR			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1814 BEACH DR			Transaction ID : SA11AI.38110	
City	State	Zip Code	Amount of Each Receipt this Period 2600.00	
GULFPORT	MS	39507		
FEC ID number of contributing federal political committee.		C		
Name of Employer SELF		Occupation BUSINESSMAN		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD B. WAX			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address POST OFFICE BOX 60			Transaction ID : SA11AI.38036	
City	State	Zip Code	Amount of Each Receipt this Period 2600.00	
AMORY	MS	38821		
FEC ID number of contributing federal political committee.		C		
Name of Employer THE WAX COMPANY, LLC		Occupation PRESIDENT	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 2600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) RICHARD B. WAX			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address POST OFFICE BOX 60			Transaction ID : SA11AI.38062	
City	State	Zip Code	Amount of Each Receipt this Period 2700.00	
AMORY	MS	38821		
FEC ID number of contributing federal political committee.		C		
Name of Employer THE WAX COMPANY, LLC		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5300.00		

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

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL D. WHATLEY**

Mailing Address **120 SUMMER BREEZE LANE**

City **FREDERICKSBURG** State **VA** Zip Code **22406**

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

Name of Employer **HBW RESOURCES** Occupation **CONSULTANT**

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) **Other:GenDebt14**

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2015**

Transaction ID : **SA11AI.38226**

Amount of Each Receipt this Period  
**1000.00**  
2014 General Debt Retirement

**B.** Full Name (Last, First, Middle Initial)  
**ERIC WOMBLE**

Mailing Address **18 SAUVOLLE CT.**

City **OCEAN SPRINGS** State **MS** Zip Code **39564**

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

Name of Employer **Northrop Grumman** Occupation **Business Development Manager**

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 15 / 2015**

Transaction ID : **SA11AI.38109**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**BOB WOOD**

Mailing Address **P.O. BOX 14416**

City **WASHINGTON** State **DC** Zip Code **20044**

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

Name of Employer **BGR GOV'T AFFAIRS, LLC** Occupation **PRESIDENT**

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) **Other:GenDebt14**

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2015**

Transaction ID : **SA11AI.38230**

Amount of Each Receipt this Period  
**500.00**  
2014 General Debt Retirement

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

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

**3500.00**  
**156025.00**

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

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

Full Name (Last, First, Middle Initial) <b>ACCENTURE INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY <b>05 / 26 / 2015</b>
Mailing Address <b>800 Connecticut Avenue NW</b> <b>Suite 600</b>		Transaction ID : <b>SA11C.38155</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>
FEC ID number of contributing federal political committee. <b>C C00300707</b>		Amount of Each Receipt this Period <b>2500.00</b> 2014 General Debt retirement
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other:GenDebt14</b>	Election Cycle-to-Date <b>2500.00</b>	

Full Name (Last, First, Middle Initial) <b>AIRBUS GROUP, INC. PAC</b>		Date of Receipt MM / DD / YYYY <b>06 / 29 / 2015</b>
Mailing Address <b>2550 WASSER TERRACE</b> <b>SUITE 9000</b>		Transaction ID : <b>SA11C.38208</b>
City <b>HERNDON</b>	State <b>VA</b>	Zip Code <b>20171</b>
FEC ID number of contributing federal political committee. <b>C C00421230</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>AKIN, GUMP, STRAUSS, HAUER &amp; FELD LLP CIVIC ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY <b>06 / 22 / 2015</b>
Mailing Address <b>1333 NEW HAMPSHIRE AVE/NW STE 400</b>		Transaction ID : <b>SA11C.38210</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
FEC ID number of contributing federal political committee. <b>C C00104901</b>		Amount of Each Receipt this Period <b>750.00</b> 2014 General Debt Retirement
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Other:GenDebt14</b>	Election Cycle-to-Date <b>750.00</b>	

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

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

<b>4250.00</b>
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201510090200251581

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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

A. Full Name (Last, First, Middle Initial)  
**ALZHEIMERS IMPACT MOVEMENT POLITICAL ACTION COMMITTEE**

Mailing Address 225 N MICHIGAN AVE SUITE 1700

City State Zip Code  
CHICAGO IL 60601

FEC ID number of contributing  
federal political committee.

**C** C00486928

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38235

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

B. Full Name (Last, First, Middle Initial)  
**AMERICAN BUS ASSOCIATION-BUSPAC POLITICAL ACTION COMMITTEE**

Mailing Address 111 K STREET NE  
9TH FLOOR

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing  
federal political committee.

**C** C00004879

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 26 / 2015

Transaction ID : SA11C.38154

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

C. Full Name (Last, First, Middle Initial)  
**AMERICAN KENNEL CLUB INC POLITICAL ACTION COMMITTEE (AKC PAC)**

Mailing Address 260 MADISON AVENUE 4TH FLOOR

City State Zip Code  
NEW YORK NY 10016

FEC ID number of contributing  
federal political committee.

**C** C00441808

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38237

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

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

3000.00

201510090200251582

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

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

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12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address **520 N. NORTHWEST HIGHWAY**

City State Zip Code  
**PARK RIDGE IL 60068**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

**5000.00**

Date of Receipt

**04 / 28 / 2015**

Transaction ID : **SA11C.38013**

Amount of Each Receipt this Period

**5000.00**

2014 General Debt Retirement

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

Mailing Address **451 FLORIDA STREET**  
**BANK ONE CENTRE N TOWER 19TH FLOOR**

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

FEC ID number of contributing federal political committee. **C C00226472**

Name of Employer Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

**1000.00**

Date of Receipt

**06 / 30 / 2015**

Transaction ID : **SA11C.38251**

Amount of Each Receipt this Period

**1000.00**

2014 General Debt Retirement

C. Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF PRIVATE SECTOR COLLEGES AND UNIVERSITIES POLITICAL ACTION COMMITTEE**

Mailing Address **1101 Connecticut Avenue, NW**  
**Suite 900**

City State Zip Code  
**WASHINGTON DC 20036**

FEC ID number of contributing federal political committee. **C C00213066**

Name of Employer Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

**1500.00**

Date of Receipt

**06 / 30 / 2015**

Transaction ID : **SA11C.38239**

Amount of Each Receipt this Period

**1500.00**

2014 General Debt Retirement

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

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

**7500.00**

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A. Full Name (Last, First, Middle Initial)  
**BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE**

Mailing Address 2016 MT ATHOS ROAD

City State Zip Code  
LYNCHBURG VA 24504

FEC ID number of contributing  
federal political committee.

C C00063461

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General

☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date

4000.00

Date of Receipt

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SA11C.38162

Amount of Each Receipt this Period

4000.00

2014 General Debt Retirement

B. Full Name (Last, First, Middle Initial)  
**BACARDI U S A INC POLITICAL ACTION COMMITTEE**

Mailing Address 2701 LE JEUNE ROAD

City State Zip Code  
CORAL GABLES FL 33134

FEC ID number of contributing  
federal political committee.

C C00160838

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General

☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38243

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

C. Full Name (Last, First, Middle Initial)  
**BAE SYS NORTH AMER INC PAC (BAE SYS USA PAC) FKA MARCONI N-AMER INC PAC (MARCONI USA PAC)**

Mailing Address 1215 JEFFERSON DAVIS HWY STE 1500

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing  
federal political committee.

C C00281212

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 15 / 2015

Transaction ID : SA11C.38173

Amount of Each Receipt this Period

1000.00

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

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

6000.00

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

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>BAKER DONELSON</b>			Date of Receipt MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 901 K STREET N.W.			Transaction ID : SA11C.38175	
City WASHINGTON	State DC	Zip Code 20001		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 3000.00	
Name of Employer		Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>BARNES &amp; THORNBURG POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 11 South Meridian Street Suite 900			Transaction ID : SA11C.38277	
City Indianapolis	State IN	Zip Code 46204		
FEC ID number of contributing federal political committee. C C00395947			Amount of Each Receipt this Period 1500.00	
Name of Employer		Occupation	2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14		Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>BLUEGRASS COMMITTEE</b>			Date of Receipt MM / DD / YYYY 04 / 07 / 2015	
Mailing Address 220 1/2 E ST., NE			Transaction ID : SA11C.37964	
City WASHINGTON	State DC	Zip Code 20002		
FEC ID number of contributing federal political committee. C C00235655			Amount of Each Receipt this Period 5000.00	
Name of Employer		Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00		

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

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

9500.00

201510090200251505

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

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BLUEGRASS COMMITTEE</b>			Date of Receipt MM / DD / YYYY 04 / 07 / 2015	
Mailing Address 220 1/2 E ST., NE			Transaction ID : SA11C.38031	
City	State	Zip Code	Amount of Each Receipt this Period 5000.00	
WASHINGTON	DC	20002	Legal Fund	
FEC ID number of contributing federal political committee.		C C00235655	Election Cycle-to-Date 10000.00	
Name of Employer		Occupation		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 10000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BURSON-MARSTELLER/YOUNG &amp; RUBICAM PAC (B-M/Y&amp;R PAC) FKA BURSON-MARSTELLER PAC</b>			Date of Receipt MM / DD / YYYY 06 / 22 / 2015	
Mailing Address 1801 K STREET NW SUITE 901-L			Transaction ID : SA11C.38209	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
WASHINGTON	DC	20006	Legal Fund	
FEC ID number of contributing federal political committee.		C C00201863	Election Cycle-to-Date 1000.00	
Name of Employer		Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CALGON CARBON CORPORATION PAC INC DBA CCC PAC OR CALGON CARBON PAC</b>			Date of Receipt MM / DD / YYYY 04 / 13 / 2015	
Mailing Address 400 CALGON CARBON DRIVE			Transaction ID : SA11C.37965	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
PITTSBURGH	PA	15205	Legal Fund	
FEC ID number of contributing federal political committee.		C C00543876	Election Cycle-to-Date 1000.00	
Name of Employer		Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			7000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

201510090200251586



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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**CLOROX COMPANY EMPLOYEES' POLITICAL ACTION COMMITTEE, THE**

Mailing Address 1221 BROADWAY

City State Zip Code  
OAKLAND CA 94612

FEC ID number of contributing federal political committee. **C** C00062224

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : SA11C.37944

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**CON-WAY INC. POLITICAL ACTION COMMITTEE**

Mailing Address 2211 OLD EARHART ROAD  
SUITE 100

City State Zip Code  
ANN ARBOR MI 48105

FEC ID number of contributing federal political committee. **C** C00110759

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38241

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

**C.** Full Name (Last, First, Middle Initial)  
**CRAY INC EMPLOYEE POLITICAL ACTION COMMITTEE AKA (CRAY PAC)**

Mailing Address 241 18TH STREET  
SUITE 610

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00458547

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38236

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

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

3500.00

201510090200251507

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

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)  
**CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC**

Mailing Address **316 PENNSYLVANIA AVE SE**  
**SUITE 401**

City State Zip Code  
**WASHINGTON DC 20003**

FEC ID number of contributing  
federal political committee.

**C** **C00503680**

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2000.00**

Date of Receipt

**05 / 22 / 2015**

Transaction ID : **SA11C.38149**

Amount of Each Receipt this Period

**1000.00**

B. Full Name (Last, First, Middle Initial)  
**CSX CORP GOOD GOVT FUND**

Mailing Address **1331 PENNSYLVANIA AVE NW**  
**SUITE 560**

City State Zip Code  
**WASHINGTON DC 20004**

FEC ID number of contributing  
federal political committee.

**C** **C00163832**

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

**04 / 20 / 2015**

Transaction ID : **SA11C.38071**

Amount of Each Receipt this Period

**5000.00**

C. Full Name (Last, First, Middle Initial)  
**CYBERONICS INC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **100 CYBERONICS BOULEVARD**

City State Zip Code  
**HOUSTON TX 77058**

FEC ID number of contributing  
federal political committee.

**C** **C00481291**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date

**1500.00**

Date of Receipt

**06 / 30 / 2015**

Transaction ID : **SA11C.38244**

Amount of Each Receipt this Period

**1500.00**

2014 General Debt Retirement

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

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

**7500.00**

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
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			15

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

Full Name (Last, First, Middle Initial) <b>DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2015
Mailing Address 601 HAWAII STREET		Transaction ID : SA11C.38172
City EL SEGUNDO	State CA	Zip Code 90245
FEC ID number of contributing federal political committee. C C00340943	Amount of Each Receipt this Period 2000.00 2014 General Debt Retirement	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>DEFEND AMERICA PAC</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015
Mailing Address POST OFFICE BOX 2626		Transaction ID : SA11C.38174
City TUSCALOOSA	State AL	Zip Code 35403
FEC ID number of contributing federal political committee. C C00325993	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>DEFEND AMERICA PAC</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015
Mailing Address POST OFFICE BOX 2626		Transaction ID : SA11C.38177
City TUSCALOOSA	State AL	Zip Code 35403
FEC ID number of contributing federal political committee. C C00325993	Amount of Each Receipt this Period 5000.00 Legal Fund	
Name of Employer	Occupation	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

201510090200251589

**SCHEDULE A (FEC Form 3)**  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial)  
**DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND**

Mailing Address 5 Sylvan Way  
SUITE 500

City State Zip Code  
Parsippany NJ 07054

FEC ID number of contributing  
federal political committee.

C C00275123

Name of Employer

Occupation

Receipt For: 2020

☐ Primary ☐ General

☒ Other (specify) Other-Legal Fund

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SA11C.38164

Amount of Each Receipt this Period

1000.00

Legal Fund

B. Full Name (Last, First, Middle Initial)  
**EDUCATION MANAGEMENT CORPORATION EMPLOYEE PAC (EDMC EDU-PAC)**

Mailing Address 210 SIXTH AVENUE  
33RD FLOOR

City State Zip Code  
PITTSBURGH PA 15222

FEC ID number of contributing  
federal political committee.

C C00466169

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General

☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38274

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

C. Full Name (Last, First, Middle Initial)  
**FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW SUITE 900

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

C C00193631

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 20 / 2015

Transaction ID : SA11C.38073

Amount of Each Receipt this Period

1000.00

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

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

3000.00

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address 50 F STREET NW SUITE 900			Transaction ID : SA11C.38074	
City	State	Zip Code		
WASHINGTON	DC	20001		
FEC ID number of contributing federal political committee.		<input type="text" value="C"/> <input type="text" value="C00193631"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>	
Name of Employer		Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <input type="text" value="3500.00"/>		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 3620 HACKS CROSSING ROAD			Transaction ID : SA11C.38223	
City	State	Zip Code		
MEMPHIS	TN	38125		
FEC ID number of contributing federal political committee.		<input type="text" value="C"/> <input type="text" value="C00068692"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>	
Name of Employer		Occupation		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date <input type="text" value="5000.00"/>	Legal Fund	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 3620 HACKS CROSSING ROAD			Transaction ID : SA11C.38240	
City	State	Zip Code		
MEMPHIS	TN	38125		
FEC ID number of contributing federal political committee.		<input type="text" value="C"/> <input type="text" value="C00068692"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>	
Name of Employer		Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <input type="text" value="10000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

201510090200251591

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

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

Full Name (Last, First, Middle Initial) <b>FLORIDA SUGAR CANE LEAGUE PAC</b>			Date of Receipt MM / DD / YYYY <b>06 / 30 / 2015</b>	
A. Mailing Address <b>115 SOUTH LOPEZ DRAWER 1208</b>			Transaction ID : <b>SA11C.38238</b>	
City <b>CLEWISTON</b>	State <b>FL</b>	Zip Code <b>33440</b>	Amount of Each Receipt this Period <b>1000.00</b> 2014 General Debt Retirement	
FEC ID number of contributing federal political committee. <b>C C00012328</b>		Election Cycle-to-Date <b>1000.00</b>		
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date <b>1000.00</b>		

Full Name (Last, First, Middle Initial) <b>GAVILON AGRICULTURE INVESTMENT INC POLITICAL ACTION COMMITTEE (GAVPAC)</b>			Date of Receipt MM / DD / YYYY <b>04 / 15 / 2015</b>	
B. Mailing Address <b>11 CONAGRA DRIVE</b>			Transaction ID : <b>SA11C.37980</b>	
City <b>OMAHA</b>	State <b>NE</b>	Zip Code <b>68102</b>	Amount of Each Receipt this Period <b>2500.00</b> 2014 General Debt Retirement	
FEC ID number of contributing federal political committee. <b>C C00549873</b>		Election Cycle-to-Date <b>2500.00</b>		
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date <b>2500.00</b>		

Full Name (Last, First, Middle Initial) <b>GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN</b>			Date of Receipt MM / DD / YYYY <b>06 / 01 / 2015</b>	
C. Mailing Address <b>3190 FAIRVIEW PARK DRIVE</b>			Transaction ID : <b>SA11C.38161</b>	
City <b>FALLS CHURCH</b>	State <b>VA</b>	Zip Code <b>22042</b>	Amount of Each Receipt this Period <b>1000.00</b> 2014 General Debt Retirement	
FEC ID number of contributing federal political committee. <b>C C00078451</b>		Election Cycle-to-Date <b>1000.00</b>		
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date <b>1000.00</b>		

SUBTOTAL of Receipts This Page (optional).....			<b>4500.00</b>	
TOTAL This Period (last page this line number only).....				

201510090200251592

**SCHEDULE A (FEC Form 3)**  
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Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)  
**A. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN**

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing  
federal political committee.

**C** C00078451

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

2000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38253

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)  
**B. GOLDEN STATE POLITICAL ACTION COMMITTEE**

Mailing Address 11355 W. OLYMPIC BLVD. 8TH FLOOR

City State Zip Code  
LOS ANGELES CA 90064

FEC ID number of contributing  
federal political committee.

**C** C00145342

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2015

Transaction ID : SA11C.38150

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)  
**C. JONES WALKER L.L.P.**

Mailing Address 201 ST. CHARLES AVENUE  
49TH FLOOR

City State Zip Code  
NEW ORLEANS LA 70170

FEC ID number of contributing  
federal political committee.

**C** C00111534

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2015

Transaction ID : SA11C.38148

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

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

3000.00

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

A. Full Name (Last, First, Middle Initial)  
**MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND**

Mailing Address 700 MARITIME BLVD

City State Zip Code  
LINTHICUM HEIGHTS MD 21090

FEC ID number of contributing federal political committee. **C** C00073056

Name of Employer Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SA11C.38160

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

B. Full Name (Last, First, Middle Initial)  
**MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 2111 MCDONALDS DR  
DEPT 213

City State Zip Code  
OAK BROOK IL 60523

FEC ID number of contributing federal political committee. **C** C00063164

Name of Employer Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38250

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)  
MISSISSIPPI POWER COMPANY FEDERAL PAC A/K/A/ MS PWR CO. EMPLOYEES' COMM. FOR RESP FED GOV

Mailing Address 2992 WEST BEACH BLVD

City State Zip Code  
GULFPORT MS 39502

FEC ID number of contributing federal political committee. **C** C00144147

Name of Employer Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : SA11C.37991

Amount of Each Receipt this Period

5000.00

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

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

7500.00



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12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial)  
MISSISSIPPI POWER COMPANY FEDERAL PAC A/K/A/ MS PWR CO. EMPLOYEES' COMM. FOR RESP FED GOV

Date of Receipt

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : SA11C.38033

Amount of Each Receipt this Period

5000.00

Legal Fund

A. Mailing Address 2992 WEST BEACH BLVD

City State Zip Code  
GULFPORT MS 39502

FEC ID number of contributing  
federal political committee.

C C00144147

Name of Employer

Occupation

Receipt For: 2020

☐ Primary ☐ General  
☒ Other (specify) Other-Legal Fund

Election Cycle-to-Date

10000.00

Date of Receipt

MM / DD / YYYY  
05 / 26 / 2015

Transaction ID : SA11C.38156

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF GOVERNMENT GUARANTEED LENDERS INC PAC

Mailing Address POST OFFICE BOX 332

City State Zip Code  
STILLWATER OK 74076

FEC ID number of contributing  
federal political committee.

C C00241000

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38252

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

C. Full Name (Last, First, Middle Initial)  
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE (FKA) NATIONAL BROILER COUNCIL PAC

Mailing Address 1015 FIFTEENTH STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

C C00034272

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other:GenDebt14

Election Cycle-to-Date

2500.00

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

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8500.00

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

A. Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address P.O. Box 2995

City State Zip Code  
Cordova TN 38088

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt

MM / DD / YYYY  
04 / 21 / 2015

Transaction ID : SA11C.38001

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)  
**NATIONAL SORGHUM PRODUCERS POLITICAL ACTION COMMITTEE**

Mailing Address 4201 N INTERSTATE 27

City State Zip Code  
LUBBOCK TX 79403

FEC ID number of contributing federal political committee. **C** C00475673

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2015

Transaction ID : SA11C.38151

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)  
**NAVISTAR, INC. GOOD GOVERNMENT COMMITTEE**

Mailing Address 4201 Winfield Road, P.O. Box 1488

City State Zip Code  
Warrenville IL 60555

FEC ID number of contributing federal political committee. **C** C00040840

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt

MM / DD / YYYY  
05 / 18 / 2015

Transaction ID : SA11C.38133

Amount of Each Receipt this Period

1000.00

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

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

4500.00

201510090200251596

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

A. Full Name (Last, First, Middle Initial)  
**NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **THREE COMMERCIAL PLACE**

City State Zip Code  
**NORFOLK VA 23510**

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt

**04 / 21 / 2015**

Transaction ID : **SA11C.38002**

Amount of Each Receipt this Period

**5000.00**

B. Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Mailing Address **317 MASSACHUSETTS AVENUE NE**

City State Zip Code  
**WASHINGTON DC 20002**

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date  
**2500.00**

Date of Receipt

**06 / 18 / 2015**

Transaction ID : **SA11C.38191**

Amount of Each Receipt this Period

**2500.00**

2014 General Debt Retirement

C. Full Name (Last, First, Middle Initial)  
**RADIANCE TECHNOLOGIES INC. POLITICAL ACTION COMMITTEE**

Mailing Address **350 WYNN DR.**

City State Zip Code  
**HUNTSVILLE AL 35805**

FEC ID number of contributing federal political committee. **C C00372979**

Name of Employer Occupation

Receipt For: 2020  
☐ Primary ☐ General  
☒ Other (specify) Other-Legal Fund

Election Cycle-to-Date  
**5000.00**

Date of Receipt

**04 / 20 / 2015**

Transaction ID : **SA11C.38034**

Amount of Each Receipt this Period

**5000.00**

Legal Fund

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

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

**12500.00**

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

**A.** Full Name (Last, First, Middle Initial)  
**SIERRA NEVADA CORPORATION PAC**

Mailing Address P.O. BOX 50193

City State Zip Code  
SPARKS NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : SA11C.38163

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SIERRA NEVADA CORPORATION PAC**

Mailing Address P.O. BOX 50193

City State Zip Code  
SPARKS NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

Name of Employer Occupation

Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SA11C.38271

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC**

Mailing Address 1030 15TH STREET, NW  
SUITE 220 E

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☐ General  
☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2015

Transaction ID : SA11C.37942

Amount of Each Receipt this Period  
1000.00  
2014 General Debt Retirement

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

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

3000.00

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

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

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(check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TACO POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 6405 METCALF AVENUE SUITE 503		Transaction ID : SA11C.38176	
City SHAWNEE MISSION	State KS	Zip Code 66202	Amount of Each Receipt this Period 1000.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C C00330118			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS' INC</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 430 FIRST STREET SE 2ND FLOOR		Transaction ID : SA11C.38249	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00002881			
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address P.O. BOX 22945		Transaction ID : SA11C.38272	
City HIALEAH	State FL	Zip Code 33002	Amount of Each Receipt this Period 2500.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C C00387720			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

201510090200251599

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

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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial)  
**VT HALTER MARINE INC POLITICAL ACTION COMMITTEE**

Mailing Address **900 BAYOU CASOTTE PARKWAY**

City State Zip Code  
**PASCAGOULA MS 39581**

FEC ID number of contributing  
federal political committee.

**C** **C00321802**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General

☒ Other (specify) Other: GenDebt14

Election Cycle-to-Date

**2000.00**

Date of Receipt

**MM / DD / YYYY**  
**05 / 11 / 2015**

Transaction ID : **SA11C.37943**

Amount of Each Receipt this Period

**1000.00**

**2014 General Debt Retirement**

B. Full Name (Last, First, Middle Initial)  
**WINE INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address **607 14th Street NW**  
**Suite 800**

City State Zip Code  
**Washington DC 20005**

FEC ID number of contributing  
federal political committee.

**C** **C00065219**

Name of Employer

Occupation

Receipt For: 2020

☐ Primary ☐ General

☒ Other (specify) Other: Legal Fund

Election Cycle-to-Date

**5000.00**

Date of Receipt

**MM / DD / YYYY**  
**05 / 22 / 2015**

Transaction ID : **SA11C.38147**

Amount of Each Receipt this Period

**5000.00**

**Legal Fund**

C. Full Name (Last, First, Middle Initial)  
**WINSTON & STRAWN POLITICAL ACTION COMMITTEE**

Mailing Address **1400 L ST NW**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing  
federal political committee.

**C** **C00282921**

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

**MM / DD / YYYY**  
**04 / 16 / 2015**

Transaction ID : **SA11C.37992**

Amount of Each Receipt this Period

**2500.00**

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

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

**8500.00**

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

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

FOR LINE NUMBER:  
(check only one)

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WOOLPERT, INC. PAC</b>			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">05 / 01 / 2015</div>					
Mailing Address 4454 IDEA CENTER BLVD.			Transaction ID : SA11C.37960					
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td>DAYTON</td> <td>OH</td> <td>45430</td> </tr> </table>					City	State	Zip Code	DAYTON
City	State	Zip Code						
DAYTON	OH	45430						
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> 2014 General Debt Retirement					
<table style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer</td> <td style="width: 70%;">Occupation</td> </tr> <tr> <td></td> <td></td> </tr> </table>					Name of Employer	Occupation		
Name of Employer	Occupation							
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>					
C C00479899								
<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>					
Mailing Address			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;"></div>					
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>					City	State	Zip Code	
City	State	Zip Code						
FEC ID number of contributing federal political committee.			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;"></div>					
<table style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer</td> <td style="width: 70%;">Occupation</td> </tr> <tr> <td></td> <td></td> </tr> </table>					Name of Employer	Occupation		
Name of Employer	Occupation							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;"></div>					
C								
<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>					
Mailing Address			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;"></div>					
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>					City	State	Zip Code	
City	State	Zip Code						
FEC ID number of contributing federal political committee.			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;"></div>					
<table style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer</td> <td style="width: 70%;">Occupation</td> </tr> <tr> <td></td> <td></td> </tr> </table>					Name of Employer	Occupation		
Name of Employer	Occupation							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;"></div>					
C								
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>					
<b>TOTAL</b> This Period (last page this line number only) .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">137250.00</div>					

201510090200251601

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. ALLIANCE BUSINESS SERVICES**

Mailing Address 109 E. STATE STREET

City RIDGELAND State MS Zip Code 39157

Purpose of Disbursement  
Printing - Fundraiser invitations

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2015

Amount of Each Disbursement this Period

1358.89

Transaction ID : SB17.37918

**B. BANK OF NEW ALBANY**

Mailing Address P.O. BOX 811

City NEW ALBANY State MS Zip Code 38652

Purpose of Disbursement  
Interest

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Amount of Each Disbursement this Period

2979.40

Transaction ID : SB17.37938

**C. BREAZEAL SAUNDERS & O'NEIL LTD**

Mailing Address P.O. BOX 80

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Amount of Each Disbursement this Period

80.01

Transaction ID : SB17.37931

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

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

4418.30



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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. BREAZEAL SAUNDERS & O'NEIL LTD**

Mailing Address P.O. BOX 80

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MEM / DDD / YYYYYY  
06 03 2015

Amount of Each Disbursement this Period

205.00

Transaction ID : SB17.38167

Full Name (Last, First, Middle Initial)

**B. BREAZEAL SAUNDERS & O'NEIL LTD**

Mailing Address P.O. BOX 80

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Accounting Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MEM / DDD / YYYYYY  
06 16 2015

Amount of Each Disbursement this Period

76.88

Transaction ID : SB17.38194

Full Name (Last, First, Middle Initial)

**C. BROCK DEATON LAW FIRM**

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Accounting/Administrative Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MEM / DDD / YYYYYY  
04 14 2015

Amount of Each Disbursement this Period

606.15

Transaction ID : SB17.37922

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

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

888.03

201510090200251607

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. BROCK DEATON LAW FIRM**

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Accounting/Administrative Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Amount of Each Disbursement this Period

817.20

Transaction ID : SB17.37934

**B. BROCK DEATON LAW FIRM**

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Accounting/Administrative

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Amount of Each Disbursement this Period

697.48

Transaction ID : SB17.38166

**C. BUTLER SNOW**

Mailing Address P.O. BOX 6010

City RIDGELAND State MS Zip Code 39158

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2015

Amount of Each Disbursement this Period

25000.00

Transaction ID : SB17.37941

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

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

26514.68

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

## **A. CARDMEMBER SERVICE**

Mailing Address P.O. BOX 790408

City State Zip Code  
ST. LOUIS MO 63179-0408

Purpose of Disbursement  
See credit memos

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Amount of Each Disbursement this Period

1221.45

Transaction ID : SB17.38140

Full Name (Last, First, Middle Initial)

## **B. CARDMEMBER SERVICE**

Mailing Address P.O. BOX 790408

City State Zip Code  
ST. LOUIS MO 63179-0408

Purpose of Disbursement  
See Credit Memos

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Amount of Each Disbursement this Period

292.43

Transaction ID : SB17.38195

Full Name (Last, First, Middle Initial)

## **C. CARDMEMBER SERVICE**

Mailing Address P.O. BOX 790408

City State Zip Code  
ST. LOUIS MO 63179-0408

Purpose of Disbursement  
See Credit Memos

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Amount of Each Disbursement this Period

65.99

Transaction ID : SB17.38196

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

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

1579.87

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial) <b>A. DAVID CLANTON</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015	
Mailing Address P.O. BOX 463		Amount of Each Disbursement this Period 2500.00	
City MEADVILLE	State MS	Zip Code 39653	Transaction ID : SB17.38200
Purpose of Disbursement Campaign Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. THAD COCHRAN</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015	
Mailing Address 386A HWY 7 S		Amount of Each Disbursement this Period 1068.53	
City OXFORD	State MS	Zip Code 38655	Transaction ID : SB17.37928
Purpose of Disbursement Expense reimbursement - air fare, rental car		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MS District: 00			

Full Name (Last, First, Middle Initial) <b>C. THAD COCHRAN</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015	
Mailing Address 386A HWY 7 S		Amount of Each Disbursement this Period 484.50	
City OXFORD	State MS	Zip Code 38655	Transaction ID : SB17.37930
Purpose of Disbursement Expense reimbursement - wedding gift/postage		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MS District: 00			

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

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

4053.03

201510090200251606

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. CREATIVE GIFT PACKAGING**

Mailing Address 763 HWY 221A

City FOREST CITY State NC Zip Code 28043

Purpose of Disbursement  
Gift packaging material

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2015

Amount of Each Disbursement this Period

65.99

Transaction ID : SB17.38206

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. C SPIRE WIRELESS**

Mailing Address P.O. BOX 519

City MEADVILLE State MS Zip Code 39653

Purpose of Disbursement  
Cell phone service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Amount of Each Disbursement this Period

324.50

Transaction ID : SB17.37919

Full Name (Last, First, Middle Initial)

**C. FCCI INSURANCE GROUP**

Mailing Address 6300 UNIVERSITY PARKWAY

City SARASOTA State FL Zip Code 34240

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2015

Amount of Each Disbursement this Period

30.15

Transaction ID : SB17.38165

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

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

354.65

201510090200251607

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

## **A. FEDERAL EXPRESS**

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
Delivery

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Amount of Each Disbursement this Period

36.59

Transaction ID : SB17.37920

Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. FEDERAL EXPRESS**

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
Delivery charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Amount of Each Disbursement this Period

298.86

Transaction ID : SB17.38141

Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. FEDERAL EXPRESS**

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
Delivery Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Amount of Each Disbursement this Period

33.36

Transaction ID : SB17.38193

Category/  
Type

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

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

368.81

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

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

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. FRONTIER STRATEGIES**

Mailing Address P.O. BOX 13292

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

City JACKSON State MS Zip Code 39236

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement  
Media Services

Category/  
Type

Transaction ID : SB17.37933

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other-Gen Debt

State: District:

Full Name (Last, First, Middle Initial)

**B. FRONTIER STRATEGIES**

Mailing Address P.O. BOX 13292

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2015

City JACKSON State MS Zip Code 39236

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement  
Media Services

Category/  
Type

Transaction ID : SB17.38182

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other- Gen Debt

State: District:

Full Name (Last, First, Middle Initial)

**C. LOU'S FULL SERV NEIGHBORHOOD KITCHEN**

Mailing Address 904B E. FORTIFICATION ST.

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2015

City JACKSON State MS Zip Code 39202

Amount of Each Disbursement this Period

79.95

Purpose of Disbursement  
Meal

Category/  
Type

Transaction ID : SB17.38204

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: District:

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

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. NAUTILUS PUBLISHING**

Mailing Address 426 S. LAMAR BLVD.  
SUITE 16

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Hospitality - Books For Luncheon

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

Amount of Each Disbursement this Period

405.00

Transaction ID : SB17.38197

**B. NEVADA BOB'S**

Mailing Address 4800 I-55 N. SUITE 12

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
Event expenses - golf tournament

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Amount of Each Disbursement this Period

3443.86

Transaction ID : SB17.38135

**C. NEVADA BOB'S**

Mailing Address 4800 I-55 N. SUITE 12

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
Event expenses - golf tournament

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Amount of Each Disbursement this Period

3443.87

Transaction ID : SB17.38139

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

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

7292.73



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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. OLD WAVERLY GOLF CLUB**

Mailing Address ONE MAGNOLIA DRIVE

City WEST POINT State MS Zip Code 39773

Purpose of Disbursement  
Event expenses - golf tournament

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Amount of Each Disbursement this Period

4553.41

Transaction ID : SB17.38137

Full Name (Last, First, Middle Initial)

**B. OLD WAVERLY GOLF CLUB**

Mailing Address ONE MAGNOLIA DRIVE

City WEST POINT State MS Zip Code 39773

Purpose of Disbursement  
Event expenses - golf tournament

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

Amount of Each Disbursement this Period

4553.41

Transaction ID : SB17.38138

Full Name (Last, First, Middle Initial)

**C. SENATE GIFT SHOP**

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Wedding gift

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Amount of Each Disbursement this Period

380.00

Transaction ID : SB17.38142

[MEMO ITEM]

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

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

9106.82

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2015

**A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
Processing Fee - Online Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

75.70

Transaction ID : SB17.38029

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2015

**B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
Processing Fee - Online Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

1.05

Transaction ID : SB17.38030

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

**C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
Processing Fee - Online Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020 ☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

15.53

Transaction ID : SB17.38189

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

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

92.28

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2015

**A. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
Processing Fee - Online Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.38221

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

**B. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
Processing Fee - Online Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

43.80

Transaction ID : SB17.38222

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

**C. STRIPE**

Mailing Address 3180 18TH ST

City State Zip Code  
SAN FRANCISCO CA 94110

Purpose of Disbursement  
Processing Fee - Online Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.38264

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

87.90

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. THE ALMANETT HOTEL**

Mailing Address 1514 18TH AVE.

City State Zip Code  
GULFPORT MS 39501

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2015

Amount of Each Disbursement this Period

212.48

Transaction ID : SB17.38202

[MEMO ITEM]

**B. U.S. SENATE RESTAURANT**

Mailing Address 1ST & C STREET N.E.

City State Zip Code  
WASHINGTON DC 20510

Purpose of Disbursement  
Meal/Meeting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Amount of Each Disbursement this Period

339.00

Transaction ID : SB17.38143

[MEMO ITEM]

**C. U.S. SENATE RESTAURANT**

Mailing Address 1ST & C STREET N.E.

City State Zip Code  
WASHINGTON DC 20510

Purpose of Disbursement  
Meal/Meeting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2015

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.38144

[MEMO ITEM]

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

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

0.00

201510090200251614

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

## **A. U.S. SENATE RESTAURANT**

Mailing Address 1ST & C STREET N.E.

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement  
Meal/Meeting

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2015

Amount of Each Disbursement this Period

402.45

Transaction ID : SB17.38145

[MEMO ITEM]

## **B. KAY WEBBER**

Mailing Address 218 MARYLAND AVENUE, N.E.

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Expense reimbursement - travel to fundraiser

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2015

Amount of Each Disbursement this Period

575.35

Transaction ID : SB17.37929

## **C. WINFREY & COMPANY**

Mailing Address 516 N. WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2015

Amount of Each Disbursement this Period

1674.24

Transaction ID : SB17.37921

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2249.59

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

Full Name (Last, First, Middle Initial)

**A. WINFREY & COMPANY**

Mailing Address 516 N. WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2015

Amount of Each Disbursement this Period

2352.96

Transaction ID : SB17.38146

**B. WINFREY & COMPANY**

Mailing Address 516 N. WASHINGTON ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Amount of Each Disbursement this Period

5055.16

Transaction ID : SB17.38192

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7408.12

70414.81

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

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

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

Full Name (Last, First, Middle Initial)  
**A. BANK OF NEW ALBANY**

Mailing Address P.O. BOX 811

City State Zip Code  
NEW ALBANY MS 38652

Purpose of Disbursement  
Loan payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2015

Amount of Each Disbursement this Period

70000.00

Transaction ID : SB19A.37926

Full Name (Last, First, Middle Initial)  
**B. BANK OF NEW ALBANY**

Mailing Address P.O. BOX 811

City State Zip Code  
NEW ALBANY MS 38652

Purpose of Disbursement  
Loan payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Amount of Each Disbursement this Period

15000.00

Transaction ID : SB19A.37927

Full Name (Last, First, Middle Initial)  
**C. BANK OF NEW ALBANY**

Mailing Address P.O. BOX 811

City State Zip Code  
NEW ALBANY MS 38652

Purpose of Disbursement  
Loan payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2020  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2015

Amount of Each Disbursement this Period

25000.00

Transaction ID : SB19A.37924

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

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

110000.00

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

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

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

Full Name (Last, First, Middle Initial) <b>A. BANK OF NEW ALBANY</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2015	
Mailing Address P.O. BOX 811		Amount of Each Disbursement this Period 20000.00 Transaction ID : SB19A.37925	
City NEW ALBANY	State MS		Zip Code 38652
Purpose of Disbursement Loan payment	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. BANK OF NEW ALBANY</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2015	
Mailing Address P.O. BOX 811		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB19A.37936	
City NEW ALBANY	State MS		Zip Code 38652
Purpose of Disbursement Loan payment	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. BANK OF NEW ALBANY</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2015	
Mailing Address P.O. BOX 811		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB19A.37937	
City NEW ALBANY	State MS		Zip Code 38652
Purpose of Disbursement Loan payment	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

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

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

40000.00  
150000.00



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

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

Transaction ID : SC/10.37721

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**BANK OF NEW ALBANY**

Election: 2014

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. BOX 811

City State ZIP Code  
NEW ALBANY MS 38652

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	200000.00	0.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y Y Y % (apr) ☐ Yes ☒ No  
12 / 18 / 2014 04/17/2015 4.50

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
THAD COCHRAN

Name of Employer  
U.S. SENATE

Mailing Address  
386A HWY 7 S

Occupation  
U.S. SENATOR

City State ZIP Code  
OXFORD MS 38655

Amount  
Guaranteed Outstanding: 0.00  
Transaction ID : SC/10.37721.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)...

0.00

**TOTALS** This Period (last page in this line only) ...

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 90 OF 97

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RACHEL ALLEN**

Nature of Debt (Purpose):

Win Bonus

Mailing Address 5247 SUFFOLK CIRCLE

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

20000.00

Transaction ID : SD10.37894

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RACHEL ALLEN**

Nature of Debt (Purpose):

Payroll

Mailing Address 5247 SUFFOLK CIRCLE

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

6800.00

Transaction ID : SD10.37899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6800.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CARDINAL GROUP**

Nature of Debt (Purpose):

Media Services-Website

Mailing Address 312 WASHINGTON AVE

City State

OCEAN SPRINGS

Zip Code

MS

39564

Outstanding Balance Beginning This Period

6500.00

Transaction ID : SD10.34338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6500.00

1) **SUBTOTALS** This Period This Page (optional) ...

33300.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

2015100902002551620

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

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FOR LINE NUMBER:  
 (check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DAVID CLANTON**

Nature of Debt (Purpose):  
 Win Bonus

Mailing Address P.O. BOX 463

City State Zip Code  
 MEADVILLE MS 39653

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.37895

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DAVID CLANTON**

Nature of Debt (Purpose):  
 Payroll

Mailing Address P.O. BOX 463

City State Zip Code  
 MEADVILLE MS 39653

Outstanding Balance Beginning This Period

8000.00

Transaction ID : SD10.37900

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

5500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JOE CLOYD**

Nature of Debt (Purpose):  
 GOTV Consulting

Mailing Address 433 E. BEACH BLVD

City State Zip Code  
 OCEAN SPRINGS MS 39564

Outstanding Balance Beginning This Period

10350.00

Transaction ID : SD10.37891

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10350.00

1) **SUBTOTALS** This Period This Page (optional) ...

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

20850.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FRONTIER STRATEGIES**

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 13292

City State

JACKSON

Zip Code

MS

39236

Outstanding Balance Beginning This Period

38560.32

Transaction ID : SD10.34332

Amount Incurred This Period

0.00

Payment This Period

6000.00

Outstanding Balance at Close of This Period

32560.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FRONTIER STRATEGIES**

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 13292

City State

JACKSON

Zip Code

MS

39236

Outstanding Balance Beginning This Period

30285.02

Transaction ID : SD10.36960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30285.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SOPHIE NORD**

Nature of Debt (Purpose):

GOTV - Consulting

Mailing Address 1755 LELIA DRIVE

City

JACKSON

State

MS

Zip Code

39296

Outstanding Balance Beginning This Period

1375.00

Transaction ID : SD10.37892

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1375.00

1) **SUBTOTALS** This Period This Page (optional) ...

64220.34

2) **TOTALS** This Period (last page this line number) ...3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 93 OF 97

FOR LINE NUMBER:  
(check only one)

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☒ 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**JORDAN RUSSELL**

Nature of Debt (Purpose):

Win Bonus

Mailing Address 2504 EASTOVER RD

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.37898

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**JORDAN RUSSELL**

Nature of Debt (Purpose):

Payroll

Mailing Address 2504 EASTOVER RD

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

6000.00

Transaction ID : SD10.37901

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AMANDA SHOOK**

Nature of Debt (Purpose):

Win Bonus

Mailing Address 214 EAST LAKE DRIVE

City

BRANDON

State

MS

Zip Code

39047

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.37897

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) ...

16000.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AMANDA SHOOK**

Nature of Debt (Purpose):

Payroll

Mailing Address 214 EAST LAKE DRIVE

City State

BRANDON

Zip Code

MS

39047

Outstanding Balance Beginning This Period

5500.00

Transaction ID : SD10.37902

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**STRATEGIC PARTNERS & MEDIA, INC.**

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 480

City State

ARNOLD

Zip Code

MD

21012

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD10.34335

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**STRATEGIC PARTNERS & MEDIA, INC.**

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 480

City

ARNOLD

State

MD

Zip Code

21012

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.35149

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional) ...

25500.00

2) **TOTALS** This Period (last page this line number) ...3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)

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☒ 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**STRATEGIC PARTNERS & MEDIA, INC.**

Nature of Debt (Purpose):  
Media Services

Mailing Address P.O. BOX 480

City State Zip Code  
ARNOLD MD 21012

Outstanding Balance Beginning This Period

50000.00

Transaction ID : SD10.36961

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE PRIME TIME AGENCY, LLC**

Nature of Debt (Purpose):  
Campaign Consulting

Mailing Address 1313 25TH AVE

City State Zip Code  
GULFPORT MS 39501

Outstanding Balance Beginning This Period

4500.00

Transaction ID : SD10.37888

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**THE TARRANCE GROUP INC**

Nature of Debt (Purpose):  
Media Services

Mailing Address 201 N UNION ST  
SUITE 410

City State Zip Code  
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

42637.00

Transaction ID : SD10.34336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

42637.00

1) **SUBTOTALS** This Period This Page (optional) ...

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ...

97137.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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(check only one)☐ 9  
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NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**THE TARRANCE GROUP INC**

Nature of Debt (Purpose):

Media Services

Mailing Address 201 N UNION ST  
SUITE 410

City State

ALEXANDRIA

Zip Code

VA

22314

Outstanding Balance Beginning This Period

19510.00

Transaction ID : SD10.36962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19510.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KIRK B. THOMPSON**

Nature of Debt (Purpose):

GOTV - Consulting

Mailing Address 904 HIGHWAY 51

City State

MADISON

Zip Code

MS

39110

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.37893

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WINFREY & COMPANY**

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address 516 N. WASHINGTON ST

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

77117.88

Transaction ID : SD10.36966

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

77117.88

1) **SUBTOTALS** This Period This Page (optional) ...2) **TOTALS** This Period (last page this line number only) ...3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

98627.88



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)

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☒ 10

NAME OF COMMITTEE (In Full)

**CITIZENS FOR COCHRAN**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**WINFREY & COMPANY**

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address 516 N. WASHINGTON ST

City State

Zip Code

ALEXANDRIA

VA

22314

Outstanding Balance Beginning This Period

31506.00

Transaction ID : SD10.37757

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31506.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...

31506.00

2) TOTALS This Period (last page this line number only) ...

387141.22

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

387141.22

# Hand Delivered

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

10/9/15

USPS FIRST CLASS MAIL

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

☐

USPS EXPRESS MAIL

Postmark

## OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

☐

POSTMARK

☐

FAX

Date of Receipt

OTHER

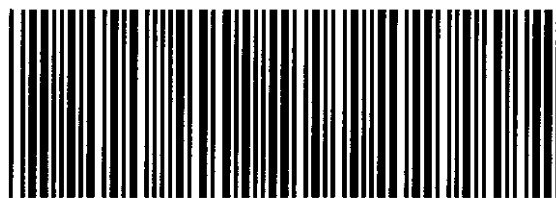
Date of Receipt or Postmark

PREPARER

DATE PREPARED

MN

10/9/15



SEN PATCH



SEN PATCH

201510090200251630