

# THAD COCHRAN

UNITED STATES SENATOR SECRETARY OF THE SENATE

09 APR 13 AM 9:24 HD

The Post-General report for Citizens For Cochran (C00091892) is being amended due to contributions that were delivered to a post office box that had been closed. These contributions should have been disclosed on Post-General reporting period of 10-16-08 through 11-24-08. The additional contributions are in the total amount of \$4,150.00.

28020140594

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

09 APR 13 AM 8:23 HD

1. NAME OF  
COMMITTEE (in full)

USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼

Example: If typing, type  
over the lines

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

C00091892

3. IS THIS  
REPORT



NEW  
(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

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

11

04

2008

in the  
State of

MS

5. Covering Period

10

16

2008

through

11

24

2008

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, CPA

Signature of Treasurer

*John M. Robinson*

Date

4

8

2009

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

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

FE5AN018

29020140595

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CITIZENS FOR COCHRAN

Report Covering the Period:

From:

M M  
1 0

D D  
1 6

Y Y Y Y  
2 0 0 8

To:

M M  
1 1

D D  
2 4

Y Y Y Y  
2 0 0 8

	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)).....	165874.00	2596535.01
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	165874.00	2592135.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	606190.18	2293188.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	2946.58	8483.89
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	603243.60	2284704.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	525676.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

3 / 90

FEC Form 3 (Revised 07/05)

Page 5

If the candidate participated in the general election, use this form for the 30-day Post-General report.

If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

CITIZENS FOR COCHRAN

Report Covering the Period:

From:

MM  
10

DD  
16

YYYYYY  
2008

To:

MM  
11

DD  
24

YYYYYY  
2008

**I. RECEIPTS**

**COLUMN A  
Total this Period**

**COLUMN B  
Election Cycle Total as of**

**COLUMN C  
Total for**

MM  
11

DD  
04

YYYYYY  
2008

(date of general election)

MM  
11

DD  
05

YYYYYY  
2008

(date after general election)

through

MM  
11

DD  
24

YYYYYY  
2008

(last day of reporting period)

**11. CONTRIBUTIONS**

(other than loans) FROM:

(a) Individuals/Persons Other than

Political Committees

(i) Itemized (Use Schedule A)

73677.00

1277841.14

0.00

(ii) Unitemized

847.00

17743.87

0.00

(iii) Total of contributions from individuals

74524.00

1295585.01

0.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

91350.00

1300950.00

0.00

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

4 / 90

Page 6

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
165874.00	2596535.01	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	80049.96	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
2946.58	8483.89	2946.58
15. OTHER RECEIPTS (Dividends, Interest, etc)		
659.48	41343.94	166.89
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
169480.06	2726412.80	3113.47

# POST ELECTION DETAILED SUMMARY PAGE

5 / 90

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

CITIZENS FOR COCHRAN

Report the covering period

From:

10

16

2008

To:

11

24

2008

## II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
606190.18	2293188.62	36184.09
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	10000.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	400.00	0.00
(b) Political Party Committees		
0.00	4000.00	0.00

20020140599

**POST ELECTION DETAILED  
SUMMARY PAGE**

6 / 90

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )		
0.00	4400.00	0.00
21. OTHER DISBURSEMENTS		
0.00	641700.00	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
606190.18	2949288.62	36184.09

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

165874.00	2592135.01	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

603243.60	2284704.73	33237.51
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	962386.44
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	169480.06
25. SUBTOTAL (add Line 23 and Line 24) .....	1131866.50
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	606190.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	525676.32

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

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

FOR LINE NUMBER: PAGE 7 / 90  
(check only one)  
☒ 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

A.

Full Name (Last, First, Middle Initial)

JIMMY ALEXANDER

Mailing Address P O BOX 1265

City

MERIDIAN

State

MS

Zip Code

39302

FEC ID number of contributing  
federal political committee

C

Name of Employer

A & B ELECTRIC CO INC

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16080

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

RICK BARRY

Mailing Address 5022 5TH PLACE

City

MERIDIAN

State

MS

Zip Code

39305

FEC ID number of contributing  
federal political committee

C

Name of Employer

BOURDEAUX & JONES

Occupation

ATTORNEY

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16081

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

JONATHAN BELL

Mailing Address 4513 9TH AVE

City

MERIDIAN

State

MS

Zip Code

39305

FEC ID number of contributing  
federal political committee

C

Name of Employer

VITAL CARE OF MERIDIAN

Occupation

PRES

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16082

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
MICHAEL BOLEN

Mailing Address 111 POPLAR DRIVE

City State Zip Code  
BRANDON MS 39047

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2008

Transaction ID: SA11AI.16124

Amount of Each Receipt this Period

250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

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

Mailing Address 31 BRETT RIDGE RD.

City State Zip Code  
LAUREL MS 39443

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16095

Amount of Each Receipt this Period

250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
ED BRUNINI, Jr.

Mailing Address POST OFFICE BOX 119

City State Zip Code  
JACKSON MS 39205

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
BRUNINI, GRANTHAM, GROWER  
& HEWES, PLL

Occupation  
ATTORNEY

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

10 / 31 / 2008

Transaction ID: SA11AI.16159

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
LAMPKIN BUTTS

Mailing Address 3337 FRANKLIN AVE.

City State Zip Code  
LAUREL MS 39440

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SANDERSON FARMS

Occupation  
PRES/COO

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16109

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
LOUIS CAMILLERI

Mailing Address 120 PARK AVE.  
FLOOR 6

City State Zip Code  
NEW YORK NY

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
PHILIP MORRIS INT'L, INC.

Occupation  
CEO/CHAIRMAN

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 20 / 2008

Transaction ID: SA11AI.16055

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
SCOTT CARMICHAEL

Mailing Address 280 GRAND CYPRESS DRIVE

City State Zip Code  
MERIDIAN MS 39305

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16097

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4300.00

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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 90

☒ 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)

BETH CLAY

Mailing Address P.O. BOX 217

City

JACKSON

State

MS

Zip Code

39205

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
THE CLAY FIRM

Occupation  
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16084

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

JOEL CLEMENTS

Mailing Address 107 BRECKENRIDGE DR.

City

WAYNESBORO

State

MS

Zip Code

39367

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
FIRST STATE BANK

Occupation  
PRES/CEO

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16112

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

JAMES E. COVINGTON

Mailing Address 2904 45TH STREET

City

MERIDIAN

State

MS

Zip Code

39305

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SELF

Occupation  
ENGINEER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16099

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 90

(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)

LUCIUS B. DABNEY, Jr.

Mailing Address P.O. BOX 947

City

VICKSBURG

State

MS

Zip Code

39181

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SELF

Occupation  
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2008

Transaction ID: SA11AI.16233

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

C. RALPH DANIEL, III

Mailing Address 971 LAKE LAND DR  
SUITE 659

City

JACKSON

State

MS

Zip Code

39216

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SELF

Occupation  
PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2008

Transaction ID: SA11AI.16188

Amount of Each Receipt this Period

250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

FERRELL DAVIDSON

Mailing Address POST OFFICE BOX 665

City

MARION

State

MS

Zip Code

39342

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
DAVIDSON HAULING, INC.

Occupation  
OWNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16085

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2250.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 12 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
MARTY DAVIDSON

Mailing Address PO DRAWER 5738

City State Zip Code  
MERIDIAN MS 39303

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SOUTHERN PIPE AND SUPPLY  
COMPANY, INC

Occupation  
MERCHANT

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2008

Transaction ID: SA11AI.16230

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
JOHN M. DEAKLE

Mailing Address POST OFFICE BOX 2072

City State Zip Code  
HATTIESBURG MS 39403

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
DEAKLE LAW FIRM

Occupation  
ATTORNEY

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 17 / 2008

Transaction ID: SA11AI.16033

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
JAMES C. DIRACLES

Mailing Address 1985 QUEEN AVE S

City State Zip Code  
MINNEAPOLIS MN 55405

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2008

Transaction ID: SA11AI.16526

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3800.00

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  
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

A.

Full Name (Last, First, Middle Initial)

TOMMY E. DULANEY

Mailing Address 5805 WINDSOR CIRCLE

City

MERIDIAN

State

MS

Zip Code

39305

FEC ID number of contributing  
federal political committee

C

Name of Employer

STRUCTURAL STEEL SERVICES,  
INC

Occupation

PRESIDENT & CEO

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16111

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

EASTERN BAND OF CHOCTAW INDIANS

Mailing Address P.O. BOX 455

City

CHEROKEE

State

NC

Zip Code

28719

FEC ID number of contributing  
federal political committee

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16524

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

ROBERT R. GAGNE

Mailing Address 640 KOULA DR.

City

DIAMONDHEAD

State

MS

Zip Code

39525

FEC ID number of contributing  
federal political committee

C

Name of Employer

MISSISSIPPI POLYMER TECH

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 20 / 2008

Transaction ID: SA11AI.16060

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5600.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 14 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
DAVID GARNER

Mailing Address P.O. BOX 820

City State Zip Code  
BRANDON MS 39043

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
TRAFFIC CONTROL PRODUCTS

Occupation  
ASSOCIATE

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2008

Transaction ID: SA11AI.16239

Amount of Each Receipt this Period

250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
IKE GIBSON

Mailing Address 13205 WARBURTON DR.

City State Zip Code  
FORT WASHINGTON MD 20744

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 20 / 2008

Transaction ID: SA11AI.16053

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
LES GOFF

Mailing Address 48 FRY RD.

City State Zip Code  
HATTIESBURG MS 39401

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
NOETIC TECHNOLOGIES

Occupation  
CEO

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

10 / 20 / 2008

Transaction ID: SA11AI.16065

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3550.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 15 / 90	
(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**

**A.**

Full Name (Last, First, Middle Initial)  
**MELODY GOLDING**

Mailing Address **703 GINKGO DR.**

City State Zip Code  
**VICKSBURG MS 39180**

FEC ID number of contributing  
federal political committee:

**C**

Name of Employer  
**NONE**

Occupation  
**HOMEMAKER**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

Date of Receipt

**11 / 04 / 2008**

Transaction ID: SA11AI.16210

Amount of Each Receipt this Period

**2300.00**

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
**STEVE GOLDING**

Mailing Address **703 GINKGO DR.**

City State Zip Code  
**VICKSBURG MS 39180**

FEC ID number of contributing  
federal political committee:

**C**

Name of Employer  
**GOLDING BARGE LINE**

Occupation  
**PRES**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

Date of Receipt

**11 / 04 / 2008**

Transaction ID: SA11AI.16208

Amount of Each Receipt this Period

**2300.00**

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
**HARDY P. GRAHAM**

Mailing Address **900 46TH STREET**

City State Zip Code  
**MERIDIAN MS 39305**

FEC ID number of contributing  
federal political committee:

**C**

Name of Employer  
**MERIDIAN COCA COLA**

Occupation  
**EXECUTIVE**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**10 / 23 / 2008**

Transaction ID: SA11AI.16100

Amount of Each Receipt this Period

**1000.00**

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

**5600.00**

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 16 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
JEFFREY GRAHAM

Mailing Address 10341 DOGWOOD LANE

City State Zip Code  
PHILADELPHIA PA 39350

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
IKBI, Inc.

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16193

Amount of Each Receipt this Period

1250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
NANETT GRAHAM

Mailing Address 10341 DOGWOOD LANE

City State Zip Code  
PHILADELPHIA PA 39350

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
DR. JOSEPH LETTERI

Occupation  
Assistant

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16195

Amount of Each Receipt this Period

1250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
CLAY HOLLADAY

Mailing Address 304 TIMBER RIDGE RD.

City State Zip Code  
MERIDIAN MS 39305

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2008

Transaction ID: SA11AI.16029

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3500.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 90

(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)  
BETTY HUGHES

Mailing Address 206 DUCK COVE

City State Zip Code  
MADISON MS 39110

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16190

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
DAVID H. JOHNSON

Mailing Address 225 SOUTH SIXTH STREET  
STE. 4000

City State Zip Code  
MINNEAPOLIS MN 55402

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
BEST & FLANAGAN, LLP

Occupation  
ATTORNEY AT LAW

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2008

Transaction ID: SA11AI.16528

Amount of Each Receipt this Period

350.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
ED L. JOHNSON, Sr.

Mailing Address 5907 HUNTINGTON CIR.

City State Zip Code  
MERIDIAN MS 39305

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
BONITA PROPERTIES, INC.

Occupation  
LAND DEVELOPER

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16087

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

29020140611

# 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

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NAME OF COMMITTEE (in Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
KENNETH W. JONES

Mailing Address POST OFFICE BOX 13447

City State Zip Code  
JACKSON MS 39236

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
10 / 29 / 2008

Transaction ID: SA11AI.16228

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
JERRY JORDAN

Mailing Address 1087 AUGUSTA DR.

City State Zip Code  
OXFORD MS 38655

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16206

Amount of Each Receipt this Period

300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
VIRGIL KIMBRELL

Mailing Address 26 SHADOW RUN

City State Zip Code  
COLUMBUS MS 39702

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11AI.16067

Amount of Each Receipt this Period

200.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2800.00

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  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 19 / 90			
(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

A.

Full Name (Last, First, Middle Initial)

BARBARA LACH

Mailing Address 3910 LYON DRIVE

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
KING THOMPSON

Occupation  
REALTOR

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11AI.16133

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

RONALD H. LEVINE

Mailing Address 9 WISCONSIN AVE.

City

NORWICH

State

CT

Zip Code

06360

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
FRONT LINE APPAREL GROUP,  
LLC

Occupation  
CEO

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16199

Amount of Each Receipt this Period

1150.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

JAMES LOWSON

Mailing Address P.O. BOX 613

City

LAHAINA

State

HI

Zip Code

96767

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
LOWSON & ASSOCIATES

Occupation  
REAL ESTATE BROKER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16184

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3150.00

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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 90

☒ 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)  
ROBERT LUKE

Mailing Address 1862 HUNTERS RUN

City State Zip Code  
MERIDIAN MS 39301

FEC ID number of contributing  
federal political committee

C

Name of Employer  
LPK ARCHITECTS

Occupation  
ARCHITECT

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16101

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
DUDLEY M. MAPLES

Mailing Address 101 65TH AVE

City State Zip Code  
MERIDIAN MS 39305

FEC ID number of contributing  
federal political committee

C

Name of Employer  
SELF

Occupation  
GASOLINE DISTRIBUTION

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16105

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
BRUCE MARTIN

Mailing Address POST OFFICE BOX 1729

City State Zip Code  
MERIDIAN MS 39302

FEC ID number of contributing  
federal political committee

C

Name of Employer  
MEYER & ROSENBAUM, INC.

Occupation  
PRES

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16116

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 90  
 (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)  
 WILLIAM MARTIN

Mailing Address 73 SUNNYSIDE DR.

City State Zip Code  
 BATTLECREEK MI 49015

FEC ID number of contributing  
 federal political committee:

C

Name of Employer  
 MICHIGAN ASSOC OF REALTORS

Occupation  
 REALTOR

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 25 / 2008

Transaction ID: SA11AI.16237

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
 A. DON MATHIS

Mailing Address 5502 WESTMINSTER DR.

City State Zip Code  
 MERIDIAN MS 39305

FEC ID number of contributing  
 federal political committee:

C

Name of Employer  
 SELF

Occupation  
 CAR DEALER

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16104

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
 DEBBIE McDANIEL

Mailing Address 2811 OLD WIRE ROAD

City State Zip Code  
 MERIDIAN MS 39301

FEC ID number of contributing  
 federal political committee:

C

Name of Employer  
 INFORMATION REQUESTED

Occupation  
 INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16092

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

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  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 90  
 (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

A.

Full Name (Last, First, Middle Initial)  
 MICCOSUKEE TRIBE  
 Mailing Address P.O. BOX 440021

City State Zip Code  
 MIAMI FL 33144

FEC ID number of contributing  
 federal political committee:

C

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

10 / 31 / 2008

Transaction ID: SA11AI.16530

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
 RALPH MORGAN  
 Mailing Address 3714 LAUDERDALE ROAD

City State Zip Code  
 LAUDERDALE MS 39335

FEC ID number of contributing  
 federal political committee:

C

Name of Employer  
 RALPH MORGAN LOGGING INC

Occupation  
 LOGGING CONTRACTOR

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16106

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
 ONEIDA INDIAN NATION  
 Mailing Address BOX 1 TERRITORY RD.

City State Zip Code  
 ONEIDA NY 13421

FEC ID number of contributing  
 federal political committee:

C

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

11 / 04 / 2008

Transaction ID: SA11AI.16201

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
 Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3800.00

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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 90

☒ 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)

BEN RADCLIFF, Jr.

Mailing Address 62 KINGSWAY

City

MOBILE

State

AL

Zip Code

36608

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SELF

Occupation

CONTRACTOR

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2008

Transaction ID: SA11AI.16160

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

JULIUS M. RIDGWAY

Mailing Address P.O. BOX 16667

City

JACKSON

State

MS

Zip Code

39236

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SELF

Occupation

OIL & GAS EXPLORATION

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

11 / 04 / 2008

Transaction ID: SA11AI.16189

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

BUD ROBINSON

Mailing Address POST OFFICE BOX 5358

City

MERIDIAN

State

MS

Zip Code

39302

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
ROBINSON ELECTRIC SUPPLY

Occupation

OWNER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2008

Transaction ID: SA11AI.16107

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2500.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 24 / 90															
(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

A.

Full Name (Last, First, Middle Initial)  
HENRY ROSS

Mailing Address 2828 CONNECTICUT AVE, N.W.  
APT. 512

City State Zip Code  
WASHINGTON DC 20008

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
USA

Occupation  
ATTORNEY

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16079

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
THOMAS HUNT SHIPMAN

Mailing Address 2417 BARBOUR ROAD

City State Zip Code  
FALLS CHURCH VA 22043

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
CORNERSTONE GOVT AFFAIRS

Occupation  
VP

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA11AI.16158

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
ROBERT SMITH

Mailing Address 8404 E. GORE BLVD.

City State Zip Code  
LAWTON OK 73501

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16204

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 25 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
JOHN SNOW

Mailing Address 122 TEMPSFORD LANE

City State Zip Code  
RICHMOND VA 23226

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
CERBERUS CAPITAL MGMT, LLC

Occupation  
CHAIRMAN

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11AI.16131

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
GERALD STOLIBY

Mailing Address P.O. BOX 495

City State Zip Code  
PHILADELPHIA MS 39350

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
CHICASAW PAPER CO.

Occupation  
OWNER

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2008

Transaction ID: SA11AI.16231

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
WALLACE STRICKLAND

Mailing Address 8219 SYCAMORE CREEK DR

City State Zip Code  
MERIDIAN MS 39305

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
RUSH HEALTH SYSTEMS

Occupation  
HEALTHCARE EXECUTIVE

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16094

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5600.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 26 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
SHERRY SWAIN

Mailing Address 902 HOWARD RD.

City State Zip Code  
STARKVILLE MS 39759

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
NATIONAL WRITING PROJECT

Occupation  
EDUCATOR

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11AI.16061

Amount of Each Receipt this Period

250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
KEVIN TATE

Mailing Address POST OFFICE BOX 757

City State Zip Code  
WEST POINT MS 39773

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
MOSSY OAK PRODUCTIONS

Occupation  
ADVERTISING

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

427.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11AI.16432

Amount of Each Receipt this Period

427.00

In-kind -

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
BOB VASILYEV

Mailing Address POST OFFICE BOX 1610

City State Zip Code  
OXFORD MS 38655

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
VASCO PROPERTIES

Occupation  
OWNER

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11AI.16063

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1677.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 90

(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)

A.L. VON KOHN

Mailing Address 325 6TH STREET S.

City

COLUMBUS

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11AI.16114

Amount of Each Receipt this Period

400.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

JEFF WIGGINS

Mailing Address 12 TED LANE

City

WIGGINS

State

MS

Zip Code

39475

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16212

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

ANN WILSON

Mailing Address 206 WINGED FOOT CIRCLE

City

JACKSON

State

MS

Zip Code

39211

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
N/A

Occupation

HOUSEWIFE

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.16192

Amount of Each Receipt this Period

1300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2200.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 28 / 90	
(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

A.

Full Name (Last, First, Middle Initial)  
BOB WILSON, Jr.

Mailing Address POST OFFICE DRAWER 2387

City State Zip Code  
TUSCALOOSA AL 35403

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SELF

Occupation  
ATTORNEY

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

11 / 04 / 2008

Transaction ID: SA11AI.16186

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
MARIANNE WILSON

Mailing Address 113 OAKHURST TRAIL

City State Zip Code  
RIDGELAND MS 39157

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2008

Transaction ID: SA11AI.16129

Amount of Each Receipt this Period

250.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
VICTOR WINOGRADOW

Mailing Address 9 WISCONSIN AVE.

City State Zip Code  
NORWICH CT 06360

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
FRONT LINE APPAREL GROUP,  
LLC

Occupation  
President

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

11 / 04 / 2008

Transaction ID: SA11AI.16197

Amount of Each Receipt this Period

1150.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

3700.00

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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 90

☒ 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)

WILLIAM G. YATES, Jr.

Mailing Address P.O. BOX 456

City

PHILADELPHIA

State

MS

Zip Code

39350

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
W G YATES & SONS CONSTRUC-  
TION CO

Occupation

PRESIDENT & COO

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA11AI.16157

Amount of Each Receipt this Period

2300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2300.00

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

73677.00

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

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

FOR LINE NUMBER: PAGE 30 / 90

(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)

ALZHEIMER'S ACTION PAC

Mailing Address PO Box 65209

City

Washington

State

DC

Zip Code

20035

FEC ID number of contributing  
federal political committee

C C00430421

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2008

Transaction ID: SA11C.16151

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 South Prospect Ave  
c/o Finance Department

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee

C C00173153

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11C.16050

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City

St. Louis

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee

C C00293910

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2008

Transaction ID: SA11C.16223

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6000.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 31 / 90	
<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)  
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)  
Mailing Address 1015 15TH STREET, NW #802

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee:

C C00010868

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16167

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
AMERICAN INDIAN SOVEREIGNTY SELF-DETERMINATION  
Mailing Address 224 2ND STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee:

C C00367177

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16170

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE  
Mailing Address 1090 Vermont Ave. NW  
Suite 510

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee:

C C00113803

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA11C.16163

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

7000.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 90

(check only one)

<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)

AMERICANS FOR THE ARTS ACTION FUND PAC

Mailing Address 1000 Vermont Avenue NW 6th Floor  
6th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee:

C C00410126

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 26 / 2008

Transaction ID: SA11C.16532

Amount of Each Receipt this Period

500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AMERICAN WATERWAYS OPERATORS-PAC

Mailing Address 801 North Quincy Street  
Suite 200

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing  
federal political committee:

C C00034678

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16179

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

AMGEN INC POLITICAL ACTION COMMITTEE

Mailing Address 1300 EYE STREET NW SUITE 470 EAST

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee:

C C00251876

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16140

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 90

☐ 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) ASSOCIATION OF PROGRESSIVE RENTAL ORGANIZATIONS POLITICAL ACTION COMMITTEE

Mailing Address 1504 Robin Hood Trail  
HOUSTON BLDG #220

City State Zip Code  
Austin TX 78703

FEC ID number of contributing  
federal political committee:

**C** C00166223

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11C.16048

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## B. Full Name (Last, First, Middle Initial) BALL CORPORATION POLITICAL ACTION COMMITTEE (BALLPAC)

Mailing Address 10 Longs Peak Drive

City State Zip Code  
Broomfield CO 80021

FEC ID number of contributing  
federal political committee:

**C** C00039461

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2008

Transaction ID: SA11C.16071

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

## C. Full Name (Last, First, Middle Initial) BARNES & THORNBURG POLITICAL ACTION COMMITTEE

Mailing Address 11 South Meridian Street  
Suite 900

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing  
federal political committee:

**C** C00395947

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16181

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4000.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 34 / 90	
(check only one)			
<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)  
BAYER CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 Bayer Road  
ATTN: W M WEABER

City Pittsburgh State PA Zip Code 15205

FEC ID number of contributing federal political committee: C C00281162

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16141

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
BLUE CROSS/BLUE SHIELD PAC

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16178

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
CARGILL INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 9300

City MINNEAPOLIS State MN Zip Code 55440

FEC ID number of contributing federal political committee: C C00067884

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11C.16047

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

3000.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 90

(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)  
COMPUTER SCIENCES CORPORATION PAC  
Mailing Address 2100 East Grand

City State Zip Code  
El Segundo CA 90245

FEC ID number of contributing  
federal political committee: C C00101410

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16177

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
COOPER INDUSTRIES POLITICAL ACTION COMMITTEE  
Mailing Address P.O. Box 4446

City State Zip Code  
Houston TX 77210

FEC ID number of contributing  
federal political committee: C C00099937

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16142

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA  
Mailing Address 805 15TH STREET NW SUITE 300

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee: C C00007880

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2008

Transaction ID: SA11C.16040

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6500.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 36 / 90	
(check only one)			
<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)  
CUMMINS INC POLITICAL ACTION COMMITTEE (CIPAC)

Mailing Address 601 Pennsylvania Avenue NW  
North Building Suite 625

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee:

C C00377952

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16144

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)

Mailing Address P O BOX 909700

City State Zip Code  
KANSAS CITY MO 64190

FEC ID number of contributing  
federal political committee:

C C00001388

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16145

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC), THE

Mailing Address 2030 Dow Center  
P.O. BOX 75000

City State Zip Code  
Midland MI 48674

FEC ID number of contributing  
federal political committee:

C C00074096

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16175

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

5500.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 90

(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)

**ELECTRIC POWER ASSOCIATIONS OF MISSISSIPPI ACTION COMMITTEE FOR RURAL ELECTRIFICATION**

Mailing Address **POST OFFICE BOX 3300**

City **Ridgeland** State **MS** Zip Code **39158**

FEC ID number of contributing federal political committee:

**C** **C00004952**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**8000.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: **SA11C.16139**

Amount of Each Receipt this Period

**3000.00**

General

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

**FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)**

Mailing Address **3620 HACKS CROSSING ROAD**

City **MEMPHIS** State **TN** Zip Code **38125**

FEC ID number of contributing federal political committee:

**C** **C00068692**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**10000.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: **SA11C.16146**

Amount of Each Receipt this Period

**5000.00**

General

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

**FEDERAL MANAGERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1641 PRINCE STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee:

**C** **C00164848**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**10 / 27 / 2008**

Transaction ID: **SA11C.16137**

Amount of Each Receipt this Period

**500.00**

General

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

**8500.00**

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 38 / 90	
(check only one)			
<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)  
GENERAL MILLS POLITICAL ACTION COMMITTEE

Mailing Address #1 General Mills Boulevard

City State Zip Code  
Minneapolis MN 55426

FEC ID number of contributing  
federal political committee:

C C00062646

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16136

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
GOLDMAN SACHS GROUP, INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Avenue, NW  
Suite 1000E

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee:

C C00350744

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16173

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
GOODRICH CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2730 WEST TYVOLA ROAD  
FOUR COLISEUM CENTRE

City State Zip Code  
CHARLOTTE NC 28217

FEC ID number of contributing  
federal political committee:

C C00101725

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11C.16046

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

5500.00

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  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 39 / 90	
(check only one)			
<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)  
HALEYS PAC

Mailing Address P.O. Box 1186

City State Zip Code  
Jackson MS 39215

FEC ID number of contributing  
federal political committee:

C C00406314

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11C.16044

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing  
federal political committee:

C C00303024

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11C.16043

Amount of Each Receipt this Period

5000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address ONE POST STREET 29TH FLOOR

City State Zip Code  
SAN FRANCISCO CA 94104

FEC ID number of contributing  
federal political committee:

C C00108035

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2008

Transaction ID: SA11C.16036

Amount of Each Receipt this Period

5000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

11000.00

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)  
MOTOROLA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1455 Pennsylvania Avenue N.W.  
Suite 900

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee:

C C00075341

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16147

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1724 MASSACHUSETTS AVENUE NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee:

C C00010082

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
10 / 29 / 2008

Transaction ID: SA11C.16153

Amount of Each Receipt this Period

5000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1200 17TH STREET N.W.

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee:

C C00003764

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16172

Amount of Each Receipt this Period

5000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

12000.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 90

(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)

POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee

C C00343137

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA11C.16165

Amount of Each Receipt this Period

5000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee

C C00030718

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2008

Transaction ID: SA11C.16039

Amount of Each Receipt this Period

5000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN PAC)

Mailing Address 1301 K STREET NW  
SUITE 600 EAST TOWER

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee

C C00216127

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA11C.16148

Amount of Each Receipt this Period

1000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

11000.00

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 90

(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)  
TACO POLITICAL ACTION COMMITTEE

Mailing Address 6405 METCALF AVENUE SUITE 503

City State Zip Code  
SHAWNEE MISSION KS 66202

FEC ID number of contributing  
federal political committee:

C C00330118

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16168

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION)

Mailing Address 1717 ARCH STREET

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing  
federal political committee:

C C00186288

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11C.16169

Amount of Each Receipt this Period

2000.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
VFW POLITICAL ACTION COMMITTEE

Mailing Address 200 Maryland Avenue NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee:

C C00113001

Name of Employer

Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2008

Transaction ID: SA11C.16041

Amount of Each Receipt this Period

1300.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

5300.00

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

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

Use separate schedule(s)  
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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

A.

Full Name (Last, First, Middle Initial)

WICKER FOR SENATE

Mailing Address PO BOX 233

City

TUPELO

State

MS

Zip Code

38802

FEC ID number of contributing  
federal political committee:

C C00443218

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2008

Transaction ID: SA11C.16429

Amount of Each Receipt this Period

1050.00

In-kind -

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

ZENEC INC. POLITICAL ACTION COMMITTEE

Mailing Address c/o Zeneca Inc.

1800 Concord Pike PO Box 15437

City

Wilmington

State

DE

Zip Code

19850

FEC ID number of contributing  
federal political committee:

C C00279455

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

MM / DD / YYYY  
10 / 17 / 2008

Transaction ID: SA11C.16037

Amount of Each Receipt this Period

2500.00

General

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3550.00

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

91350.00

**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)

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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)  
ONMESSAGE, INC.

Mailing Address 815 SLATERS LANE

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee:

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

946.58

Date of Receipt

MM / DD / YYYY  
11 / 05 / 2008

Transaction ID: SA14.16221

Amount of Each Receipt this Period

946.58

Refund - Overpayment

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
WICKER FOR SENATE

Mailing Address PO BOX 233

City State Zip Code  
TUPELO MS 38802

FEC ID number of contributing  
federal political committee:

C C00443218

Name of Employer

Occupation

Receipt For:

2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2008

Transaction ID: SA14.16247

Amount of Each Receipt this Period

2000.00

Refund

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2946.58

TOTAL This Period (last page this line number only)

2946.58

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

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

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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)

BANK OF NEW ALBANY

Mailing Address P.O. BOX 811

City

NEW ALBANY

State

MS

Zip Code

38652

FEC ID number of contributing  
federal political committee:

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10467.24

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2008

Transaction ID: SA15.16150

Amount of Each Receipt this Period

161.51

Interest Income

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)

Mailing Address P.O. BOX 709

City

TUPELO

State

MS

Zip Code

38802

FEC ID number of contributing  
federal political committee:

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

13969.17

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA15.16251

Amount of Each Receipt this Period

331.08

Interest

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

492.59

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

492.59

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AIRPORT TAXI</p> <p>Mailing Address 5010 HILLSBORO AVE N.</p> <p>City NEW HOPE State MN Zip Code 55428</p> <p>Purpose of Disbursement Taxi service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16366 Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 40.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ALPHA PRINTING</p> <p>Mailing Address P.O. BOX 7106</p> <p>City JACKSON State MS Zip Code 39282-7106</p> <p>Purpose of Disbursement Printing - Holiday cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16313 Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1169.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address P.O. BOX 9001310</p> <p>City LOUISVILLE State KY Zip Code 40290</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16262 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 511.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ▶</p>	

1680.99

# **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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address P.O. BOX 9001310

City  
LOUISVILLE

State  
KY

Zip Code  
40290

Purpose of Disbursement

Telephone

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.16329

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

327.47

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

BELLEVUE FLORIST

Mailing Address 6690 HWY 98 W

City  
HATTIESBURG

State  
MS

Zip Code  
39402

Purpose of Disbursement

Hospitality

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.16405

Date of Disbursement

10 / 09 / 2008

Amount of Each Disbursement this Period

44.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

BOSTON COACH

Mailing Address 69 NORMAN STREET

City  
EVERETT

State  
MA

Zip Code  
02149

Purpose of Disbursement

Travel

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.16353

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

443.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

327.47

TOTAL This Period (last page this line number only)



**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

BOSTON COACH

Mailing Address 69 NORMAN STREET

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16355

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

487.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

BOY SCOUTS OF AMERICA

Mailing Address 6316 U.S. HIGHWAY 49

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16303

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

KYLE BROWN

Mailing Address 341 WEST 7TH STREET  
APT 9

City HATTIESBURG State MS Zip Code 39401

Purpose of Disbursement  
Services - Get Out The Vote

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16254

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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

**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

A.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16347

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

1034.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16298

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

797.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16447

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

1034.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2866.30

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

**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

A.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16442

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1034.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16332

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

265.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

BUSINESS CARD

Mailing Address P.O. BOX 15184

City WILMINGTON State DE Zip Code 19850

Purpose of Disbursement  
See Credit Memos

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16279

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

1336.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2636.41

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

CABOT LODGE MILLSAPS

Mailing Address 2375 NORTH STATE STREET

City JACKSON State MS Zip Code 39202

Purpose of Disbursement  
Hotel - Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16419

Date of Disbursement

10 / 26 / 2008

Amount of Each Disbursement this Period

143.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

CABOT LODGE MILLSAPS

Mailing Address 2375 NORTH STATE STREET

City JACKSON State MS Zip Code 39202

Purpose of Disbursement  
Lodging - Hotel

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16424

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

132.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

CARDMEMBER SERVICE

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-0408

Purpose of Disbursement  
See Credit Memo

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16265

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

67.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

67.95

TOTAL This Period (last page this line number only)

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

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

A.

Full Name (Last, First, Middle Initial)

CARDMEMBER SERVICE

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-0408

Purpose of Disbursement  
See Credit Memos

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16267

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2713.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

CARDMEMBER SERVICE

Mailing Address P.O. BOX 790408

City ST. LOUIS State MO Zip Code 63179-0408

Purpose of Disbursement  
See Credit Memos

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16335

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

2562.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

CAR GENIE

Mailing Address 801 FRONTAGE RD  
APT 403

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Campaign vehicle - maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16402

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

5276.03

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

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CASH</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Event Expense - Tips</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16306</p> <p>Date of Disbursement MM / DD / YYYY 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CENTER CAFE</p> <p>Mailing Address 50 MASSACHUSETTS AVE NE</p> <p>City State Zip Code WASHINGTON DC 20002</p> <p>Purpose of Disbursement Meal/Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16351</p> <p>Date of Disbursement MM / DD / YYYY 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 17.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CLICK &amp; PLEDGE</p> <p>Mailing Address 2200 KRAFT DRIVE SUITE 1175</p> <p>City State Zip Code BLACKSBURG VA 24060</p> <p>Purpose of Disbursement Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16069</p> <p>Date of Disbursement MM / DD / YYYY 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 313.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ▶</p>	

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

CLICK & PLEDGE

Mailing Address 2200 KRAFT DRIVE  
SUITE 1175

City BLACKSBURG State VA Zip Code 24060

Purpose of Disbursement  
Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16215

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

262.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

COAST BUSINESS CONSULTING, LLC

Mailing Address P.O. BOX 4147

City BILOXI State MS Zip Code 39535

Purpose of Disbursement  
Consultant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16324

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID CHANDLER

Mailing Address P.O. BOX 715

City ACKERMAN State MS Zip Code 39735

Purpose of Disbursement  
State Campaign Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16275

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1362.41

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
COMMITTEE TO RE-ELECT JUSTICE JIM SMITH

Mailing Address 1984 PETIT BOIS STREET

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
Campaign Contribution - State

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16263

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2008

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
CROWN PLAZA - ST. PAUL

Mailing Address 11 EAST KELLOGG BLVD.

City ST. PAUL State MN Zip Code 55101

Purpose of Disbursement  
Hotel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16369

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2008

Amount of Each Disbursement this Period

7.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
CROWN PLAZA - ST. PAUL

Mailing Address 11 EAST KELLOGG BLVD.

City ST. PAUL State MN Zip Code 55101

Purpose of Disbursement  
Travel - Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16370

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2008

Amount of Each Disbursement this Period

447.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)



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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

BRAD DAVIS

Mailing Address 206 TERRAPIN CREEK RD

City State Zip Code  
BRANDON MS 39042

Purpose of Disbursement  
Consultant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16304

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

BRAD DAVIS

Mailing Address 206 TERRAPIN CREEK RD

City State Zip Code  
BRANDON MS 39042

Purpose of Disbursement  
Consultant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16315

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

DAVIS FORD SALES

Mailing Address P.O. BOX 8

City State Zip Code  
FULTON MS 38843

Purpose of Disbursement  
Vehicle lease

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16322

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

800.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
DEATON & DEATON, P.A.

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Accounting/Administrative Fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16310  
Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

3067.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
DOWNTOWN GRILL

Mailing Address 110 COURTHOUSE SQ.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Meal/Meeting

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16362  
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

83.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
ELIZABETH CLAIRE'S

Mailing Address 128 INDUSTRIAL RD.,

City TUPELO State MS Zip Code 38801

Purpose of Disbursement  
Gifts

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16361  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

38.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3067.05

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

CLETA ELLINGTON

Mailing Address 911 BELHAVEN STREET

City JACKSON State MS Zip Code 39202

Purpose of Disbursement

Artwork/Framing

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16327

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

435.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

EXXONMOBIL

Mailing Address 1035 E COUNTY LINE ROAD

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Gasoline - campaign vehicle

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16410

Date of Disbursement

10 / 12 / 2008

Amount of Each Disbursement this Period

24.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

EXXONMOBIL - OXFORD

Mailing Address 425 S. LAMAR BLVD.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Gasoline - campaign vehicle

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16385

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

56.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

435.00

TOTAL This Period (last page this line number only)

# **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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FEDERAL EXPRESS</p> <p>Mailing Address P.O. BOX 1140</p> <p>City MEMPHIS State TN Zip Code 38101</p> <p>Purpose of Disbursement Delivery charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16319</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 327.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FEDERAL EXPRESS</p> <p>Mailing Address P.O. BOX 1140</p> <p>City MEMPHIS State TN Zip Code 38101</p> <p>Purpose of Disbursement Delivery charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16321</p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 6.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FLAT CREEK MANAGEMENT, LLC</p> <p>Mailing Address 1708 21ST AVE SOUTH #140</p> <p>City NASHVILLE State TN Zip Code 37212</p> <p>Purpose of Disbursement Website Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16260</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1641.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ 1975.57</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

# **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

A. Full Name (Last, First, Middle Initial) FLAT CREEK MANAGEMENT, LLC		Transaction ID: SB17.16342 Date of Disbursement																				
Mailing Address 1708 21ST AVE SOUTH #140		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		3	1		2	0	0	8													
City NASHVILLE	State TN	Zip Code 37212																				
Purpose of Disbursement Website Maintenance	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>8000.00</td></tr></table>		Amount of Each Disbursement this Period	8000.00																		
Amount of Each Disbursement this Period																						
8000.00																						
Candidate Name	<table border="1"><tr><td>Category/ Type</td></tr></table>	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
Category/ Type																						
Office Sought: <table border="1"><tr><td><input type="checkbox"/> House</td></tr><tr><td><input type="checkbox"/> Senate</td></tr><tr><td><input type="checkbox"/> President</td></tr></table>	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Disbursement For: <table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td colspan="2"><input type="checkbox"/> Other (specify) ▼</td></tr></table>		<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼														
<input type="checkbox"/> House																						
<input type="checkbox"/> Senate																						
<input type="checkbox"/> President																						
<input type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> Other (specify) ▼																						
State: District:																						

B. Full Name (Last, First, Middle Initial) FLAT CREEK MANAGEMENT, LLC		Transaction ID: SB17.16333 Date of Disbursement																				
Mailing Address 1708 21ST AVE SOUTH #140		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		2	0		2	0	0	8													
City NASHVILLE	State TN	Zip Code 37212																				
Purpose of Disbursement Website Maintenance	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>3906.36</td></tr></table>		Amount of Each Disbursement this Period	3906.36																		
Amount of Each Disbursement this Period																						
3906.36																						
Candidate Name	<table border="1"><tr><td>Category/ Type</td></tr></table>	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
Category/ Type																						
Office Sought: <table border="1"><tr><td><input type="checkbox"/> House</td></tr><tr><td><input type="checkbox"/> Senate</td></tr><tr><td><input type="checkbox"/> President</td></tr></table>	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Disbursement For: <table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td colspan="2"><input type="checkbox"/> Other (specify) ▼</td></tr></table>		<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼														
<input type="checkbox"/> House																						
<input type="checkbox"/> Senate																						
<input type="checkbox"/> President																						
<input type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> Other (specify) ▼																						
State: District:																						

C. Full Name (Last, First, Middle Initial) LILLIE FLENORL		Transaction ID: SB17.16345 Date of Disbursement																				
Mailing Address P.O. BOX 84		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	0		2	0	0	8													
City UNIVERSITY	State MS	Zip Code 38677																				
Purpose of Disbursement Payroll	<table border="1"><tr><td>Amount of Each Disbursement this Period</td></tr><tr><td>982.38</td></tr></table>		Amount of Each Disbursement this Period	982.38																		
Amount of Each Disbursement this Period																						
982.38																						
Candidate Name	<table border="1"><tr><td>Category/ Type</td></tr></table>	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
Category/ Type																						
Office Sought: <table border="1"><tr><td><input type="checkbox"/> House</td></tr><tr><td><input type="checkbox"/> Senate</td></tr><tr><td><input type="checkbox"/> President</td></tr></table>	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Disbursement For: <table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td colspan="2"><input type="checkbox"/> Other (specify) ▼</td></tr></table>		<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼														
<input type="checkbox"/> House																						
<input type="checkbox"/> Senate																						
<input type="checkbox"/> President																						
<input type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> Other (specify) ▼																						
State: District:																						

SUBTOTAL of Disbursements This Page (optional) ..... 12888.74

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

# **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

A.

Full Name (Last, First, Middle Initial)

LILLIE FLENORL

Mailing Address P.O. BOX 84

City  
UNIVERSITY

State  
MS

Zip Code  
38677

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16289

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

3.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

LILLIE FLENORL

Mailing Address P.O. BOX 84

City  
UNIVERSITY

State  
MS

Zip Code  
38677

Purpose of Disbursement  
Expense reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16297

Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

264.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

LILLIE FLENORL

Mailing Address P.O. BOX 84

City  
UNIVERSITY

State  
MS

Zip Code  
38677

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16445

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

982.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1250.11

TOTAL This Period (last page this line number only)

**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

A.

Full Name (Last, First, Middle Initial)  
LILLIE FLENORL

Mailing Address P.O. BOX 84

City State Zip Code  
UNIVERSITY MS 38677

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16439  
Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

982.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
HOLLIDAY'S FLOWERS

Mailing Address 2316 S. GERMANTOWN RD.

City State Zip Code  
GERMANTOWN TN 38138

Purpose of Disbursement  
Hospitality

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16421  
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

53.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address

City State Zip Code  
OGDEN UT 84201

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16340  
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

5040.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

6022.51

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

# **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

A.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address

City State Zip Code  
OGDEN UT 84201

Purpose of Disbursement  
Payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16341  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

68.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address

City State Zip Code  
OGDEN UT 84201

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16435  
Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

5040.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
ISLAND VIEW CASINO

Mailing Address 3300 W. BEACH BLVD.

City State Zip Code  
GULFPORT MS 39501

Purpose of Disbursement  
Travel - Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16407  
Date of Disbursement

10 / 12 / 2008

Amount of Each Disbursement this Period

192.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5108.93

TOTAL This Period (last page this line number only)



**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

ISLAND VIEW CASINO

Mailing Address 3300 W. BEACH BLVD.

City State Zip Code  
GULFPORT MS 39501

Purpose of Disbursement  
Travel - Lodging

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16409

Date of Disbursement

10 / 12 / 2008

Amount of Each Disbursement this Period

192.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MICHAEL JANUS

Mailing Address 461 CARMARGUE LANE

City State Zip Code  
BILOXI MS 39531

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16348

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

1275.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

MICHAEL JANUS

Mailing Address 461 CARMARGUE LANE

City State Zip Code  
BILOXI MS 39531

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16285

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

1990.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3266.13

TOTAL This Period (last page this line number only)

# **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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

MICHAEL JANUS

Transaction ID: SB17.16448

Date of Disbursement

11 / 05 / 2008

Mailing Address 461 CARMARGUE LANE

City BILOXI State MS Zip Code 39531

Amount of Each Disbursement this Period

1275.25

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

MICHAEL JANUS

Transaction ID: SB17.16443

Date of Disbursement

11 / 19 / 2008

Mailing Address 461 CARMARGUE LANE

City BILOXI State MS Zip Code 39531

Amount of Each Disbursement this Period

1275.25

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

KROGER #345

Transaction ID: SB17.16382

Date of Disbursement

09 / 17 / 2008

Mailing Address 4910 I-55 NORTH

City JACKSON State MS Zip Code 39206

Amount of Each Disbursement this Period

70.57

Purpose of Disbursement  
Fuel - Campaign Vehicle

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2550.50

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

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

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

A.

Full Name (Last, First, Middle Initial)  
KROGER #345

Mailing Address 4910 I-55 NORTH

City JACKSON State MS Zip Code 39206

Purpose of Disbursement  
Fuel - Campaign Vehicle

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB17.16454

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

54.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB17.16344

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB17.16444

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4915.20

TOTAL This Period (last page this line number only)

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

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

A.

Full Name (Last, First, Middle Initial)

MINDY MAXWELL

Transaction ID: SB17.16325

Date of Disbursement

11 / 13 / 2008

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement  
Reimbursed expenses

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

MINDY MAXWELL

Transaction ID: SB17.16438

Date of Disbursement

11 / 19 / 2008

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Amount of Each Disbursement this Period

2457.60

Purpose of Disbursement  
Payroll

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

BILLY MCBEATH

Transaction ID: SB17.16346

Date of Disbursement

10 / 20 / 2008

Mailing Address 10241 RD 216

City UNION State MS Zip Code 39365

Amount of Each Disbursement this Period

1004.38

Purpose of Disbursement  
Payroll

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3561.98

TOTAL This Period (last page this line number only)

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

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

A.

Full Name (Last, First, Middle Initial)

BILLY MCBEATH

Mailing Address 10241 RD 216

City  
UNION

State  
MS

Zip Code  
39365

Purpose of Disbursement:  
Expense reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16282

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

639.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

BILLY MCBEATH

Mailing Address 10241 RD 216

City  
UNION

State  
MS

Zip Code  
39365

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16446

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

1004.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

BILLY MCBEATH

Mailing Address 10241 RD 216

City  
UNION

State  
MS

Zip Code  
39365

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16441

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1004.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

2647.83

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

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

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) MECHANICS BANK	<b>Transaction ID:</b> SB17.16299 <b>Date of Disbursement</b>
<b>Mailing Address</b> P.O. BOX 310	<div> <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 8</div> </div>
<b>City</b> OXFORD <b>State</b> MS <b>Zip Code</b> 38655	<b>Amount of Each Disbursement this Period</b> <div>2695.56</div>
<b>Purpose of Disbursement</b> Rent	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Candidate Name</b>	<div> <div>Category/Type</div> <div></div> </div>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>State:</b> <b>District:</b>	
<b>B.</b> Full Name (Last, First, Middle Initial) MISS EMPLOYMENT SEC COMM	<b>Transaction ID:</b> SB17.16259 <b>Date of Disbursement</b>
<b>Mailing Address</b> P.O. BOX 22781	<div> <div>M M / D D / Y Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 8</div> </div>
<b>City</b> JACKSON <b>State</b> MS <b>Zip Code</b> 39225-2781	<b>Amount of Each Disbursement this Period</b> <div>232.20</div>
<b>Purpose of Disbursement</b> Payroll Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Candidate Name</b>	<div> <div>Category/Type</div> <div></div> </div>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>State:</b> <b>District:</b>	
<b>C.</b> Full Name (Last, First, Middle Initial) MLM CLOTHIERS	<b>Transaction ID:</b> SB17.16388 <b>Date of Disbursement</b>
<b>Mailing Address</b> 108 S. SPRING ST.	<div> <div>M M / D D / Y Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div>
<b>City</b> TUPELO <b>State</b> MS <b>Zip Code</b> 33804	<b>Amount of Each Disbursement this Period</b> <div>550.00</div>
<b>Purpose of Disbursement</b> Commercial Production	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Candidate Name</b>	<div> <div>Category/Type</div> <div></div> </div>
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>State:</b> <b>District:</b>	<b>[MEMO ITEM]</b>
<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<div>2927.76</div>
<b>TOTAL This Period (last page this line number only)</b> .....	

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

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

A.

Full Name (Last, First, Middle Initial)

MRP VICTORY 2008

Mailing Address P.O. BOX 60

City  
JACKSON

State  
MS

Zip Code  
39205

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB17.16268

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

110000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

NORTHWEST AIRLINES

Mailing Address 7500 AIRLINE DRIVE

City  
MINNEAPOLIS

State  
MN

Zip Code  
55450

Purpose of Disbursement  
Travel - luggage charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16364

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

NORTHWEST AIRLINES

Mailing Address 7500 AIRLINE DRIVE

City  
MINNEAPOLIS

State  
MN

Zip Code  
55450

Purpose of Disbursement  
Travel - Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16423

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

785.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

110000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16418

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

23.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16425

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

7.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16426

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

23.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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



**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

A.

Full Name (Last, First, Middle Initial)

ONMESSAGE, INC.

Mailing Address 815 SLATERS LANE

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16338

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

194400.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

OXFORD ELECTRIC DEPARTMENT

Mailing Address POST OFFICE BOX 827

City  
OXFORD

State  
MS

Zip Code  
38655

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16312

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

289.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

PIZZA BOLI'S

Mailing Address 417 8TH ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Meal/Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16357

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

57.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

194689.65

TOTAL This Period (last page this line number only)

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

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

A.

Full Name (Last, First, Middle Initial)

PPI, INC.

Mailing Address P.O. BOX 4030

City  
TUPELO

State  
MS

Zip Code  
38803

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16286  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

210.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

PURPLE PARROT CAFE

Mailing Address 3810 HARDY STREET

City  
HATTIESBURG

State  
MS

Zip Code  
39123

Purpose of Disbursement  
Meal

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16415  
Date of Disbursement

10 / 11 / 2008

Amount of Each Disbursement this Period

45.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)

Mailing Address P.O. BOX 709

City  
TUPELO

State  
MS

Zip Code  
38802

Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16339  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

225.57

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>RENASANT BANK (FORMERLY THE PEOPLES BANK &amp; TRUST)</b></p> <p>Mailing Address <b>P.O. BOX 709</b></p> <p>City <b>TUPELO</b> State <b>MS</b> Zip Code <b>38802</b></p> <p>Purpose of Disbursement Bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: <b>SB17.16343</b></p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 25.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>RENASANT BANK (FORMERLY THE PEOPLES BANK &amp; TRUST)</b></p> <p>Mailing Address <b>P.O. BOX 709</b></p> <p>City <b>TUPELO</b> State <b>MS</b> Zip Code <b>38802</b></p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: <b>SB17.16436</b></p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>JULIE REPULT</b></p> <p>Mailing Address <b>P.O. BOX 1726</b></p> <p>City <b>TUPELO</b> State <b>MS</b> Zip Code <b>38802</b></p> <p>Purpose of Disbursement Miscellaneous</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: <b>SB17.16326</b></p> <p>Date of Disbursement 11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) <b>790.50</b></p> <p><b>TOTAL</b> This Period (last page this line number only)</p>	

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

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN M. ROBINSON, CPA</p> <p>Mailing Address P.O. BOX 7183</p> <p>City TUPELO State MS Zip Code 38802</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16311 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROOSTER'S BLUES HOUSE</p> <p>Mailing Address 114 COURTHOUSE SQ.</p> <p>City OXFORD State MS Zip Code 38655</p> <p>Purpose of Disbursement Hospitality</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16378 Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 48.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ROSE BUSINESS EQUIPMENT, INC.</p> <p>Mailing Address P.O. BOX 1063</p> <p>City GRENADA State MS Zip Code 38902</p> <p>Purpose of Disbursement Equipment rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.16287 Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ▶ 250.00</p> <p><b>TOTAL</b> This Period (last page this line number only) ▶</p>	

# **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

A.

Full Name (Last, First, Middle Initial)  
SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16356

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

185.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SHELL OIL

Mailing Address 2390 HWY 80 W

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Fuel - Campaign Vehicle

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16365

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

70.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SHELL OIL

Mailing Address 2390 HWY 80 W

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Fuel - Campaign Vehicle

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16373

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

70.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SHELL OIL</p> <p>Mailing Address 2390 HWY 80 W</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement Fuel - Campaign Vehicle</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16376</p> <p>Date of Disbursement 09 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 60.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SHELL OIL</p> <p>Mailing Address 1724 UNIVERSITY AVE.</p> <p>City OXFORD State MS Zip Code 38655</p> <p>Purpose of Disbursement Gasoline - campaign vehicle</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16391</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 68.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SHELL OIL</p> <p>Mailing Address 2390 HWY 80 W</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement Fuel- Campaign Vehicle</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16417</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 87.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) 0.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)</p>	

**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

A.

Full Name (Last, First, Middle Initial)

SHELL OIL

Mailing Address 1724 UNIVERSITY AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Fuel - campaign vehicle

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16412

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

SIR SPEEDY

Mailing Address 1105 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16400

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

232.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SIR SPEEDY

Mailing Address 1105 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16411

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

41.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

A. Full Name (Last, First, Middle Initial) SNEED'S ACE HARDWARE		Transaction ID: SB17.16386 Date of Disbursement	
Mailing Address 1400 UNIVERSITY AVE		<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> <div>09 / 24 / 2008</div>	
City OXFORD	State MS	Zip Code 38655	Amount of Each Disbursement this Period 22.40
Purpose of Disbursement Supplies		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

B. Full Name (Last, First, Middle Initial) SNEED'S ACE HARDWARE		Transaction ID: SB17.16404 Date of Disbursement	
Mailing Address 1400 UNIVERSITY AVE		<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> <div>10 / 08 / 2008</div>	
City OXFORD	State MS	Zip Code 38655	Amount of Each Disbursement this Period 4.59
Purpose of Disbursement Supplies		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

C. Full Name (Last, First, Middle Initial) SONIC DRIVEIN		Transaction ID: SB17.16398 Date of Disbursement	
Mailing Address 409 E. SUNFLOWER RD.		<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> <div>10 / 02 / 2008</div>	
City CLEVELAND	State MS	Zip Code 38732	Amount of Each Disbursement this Period 9.34
Purpose of Disbursement Meal		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	



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

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

A.

Full Name (Last, First, Middle Initial)  
ST. PAUL HOTEL

Mailing Address 350 MARKET ST.

City ST. PAUL State MN Zip Code 55102

Purpose of Disbursement  
Hotel

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16371  
Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

261.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
KEVIN TATE

Mailing Address POST OFFICE BOX 757

City WEST POINT State MS Zip Code 39773

Purpose of Disbursement  
In-kind -

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB17.16433  
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

427.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
THE ALLUVIAN HOTEL

Mailing Address 318 HOWARD STREET

City GREENWOOD State MS Zip Code 38930

Purpose of Disbursement  
Hotel - Lodging

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.16377  
Date of Disbursement

09 / 13 / 2008

Amount of Each Disbursement this Period

232.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

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

427.00

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>THE CLEVELAND COMMONS</b>	<b>Transaction ID:</b> SB17.16374 <b>Date of Disbursement</b>
<b>Mailing Address</b> 172 N. SHARPE AVE	<div> <div>09</div> <div>13</div> <div>2008</div> </div>
<b>City</b> CLEVELAND <b>State</b> MS <b>Zip Code</b> 38732	<b>Amount of Each Disbursement this Period</b> <div>42.80</div>
<b>Purpose of Disbursement</b> Meal/Meeting <b>Candidate Name</b> <div> <div>Category/Type</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>State:</b> <b>District:</b>	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>THE J.E. NEILSON COMPANY</b>	<b>Transaction ID:</b> SB17.16396 <b>Date of Disbursement</b>
<b>Mailing Address</b> 119 COURTHOUSE SQUARE	<div> <div>10</div> <div>02</div> <div>2008</div> </div>
<b>City</b> OXFORD <b>State</b> MS <b>Zip Code</b> 38655	<b>Amount of Each Disbursement this Period</b> <div>148.74</div>
<b>Purpose of Disbursement</b> Commercial production <b>Candidate Name</b> <div> <div>Category/Type</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>State:</b> <b>District:</b>	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>THE LIBRARY</b>	<b>Transaction ID:</b> SB17.16301 <b>Date of Disbursement</b>
<b>Mailing Address</b> P.O. BOX 42	<div> <div>10</div> <div>30</div> <div>2008</div> </div>
<b>City</b> OXFORD <b>State</b> MS <b>Zip Code</b> 38655	<b>Amount of Each Disbursement this Period</b> <div>1500.00</div>
<b>Purpose of Disbursement</b> Event Expenses <b>Candidate Name</b> <div> <div>Category/Type</div> </div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>State:</b> <b>District:</b>	
<b>SUBTOTAL of Disbursements This Page (optional)</b>	<div>1500.00</div>
<b>TOTAL This Period (last page this line number only)</b>	<div></div>

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

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

A.

Full Name (Last, First, Middle Initial)  
THE MAYFLOWER GROUP, LLC

Mailing Address POST OFFICE BOX 16097

City JACKSON State MS Zip Code 39236

Purpose of Disbursement

Advertising - Radio Ads

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16271

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

9000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
THE MAYFLOWER GROUP, LLC

Mailing Address POST OFFICE BOX 16097

City JACKSON State MS Zip Code 39236

Purpose of Disbursement

Advertising - Radio Ads

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16272

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

9000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
THE MAYFLOWER GROUP, LLC

Mailing Address POST OFFICE BOX 16097

City JACKSON State MS Zip Code 39236

Purpose of Disbursement

Advertising - Radio Ads

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16269

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

9000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

27000.00

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

**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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) THE MAYFLOWER GROUP, LLC	Transaction ID: SB17.16270 Date of Disbursement
Mailing Address POST OFFICE BOX 16097	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
City JACKSON State MS Zip Code 39236	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising - Radio Ads	<input type="text" value="9000.00"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) THE MAYFLOWER GROUP, LLC	Transaction ID: SB17.16280 Date of Disbursement
Mailing Address POST OFFICE BOX 16097	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
City JACKSON State MS Zip Code 39236	Amount of Each Disbursement this Period
Purpose of Disbursement Consultant Fees	<input type="text" value="4000.00"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) THE MAYFLOWER GROUP, LLC	Transaction ID: SB17.16281 Date of Disbursement
Mailing Address POST OFFICE BOX 16097	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
City JACKSON State MS Zip Code 39236	Amount of Each Disbursement this Period
Purpose of Disbursement Expense reimbursement	<input type="text" value="214.66"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	
SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13214.66"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

# 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

A.

Full Name (Last, First, Middle Initial)  
THE MAYFLOWER GROUP, LLC

Mailing Address POST OFFICE BOX 16097

City JACKSON State MS Zip Code 39236

Purpose of Disbursement  
Advertising - Radio Ads

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16283

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

8850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
THE MAYFLOWER GROUP, LLC

Mailing Address POST OFFICE BOX 16097

City JACKSON State MS Zip Code 39236

Purpose of Disbursement  
Advertising - Radio Ads

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16284

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

8850.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
THE MAYFLOWER GROUP, LLC

Mailing Address POST OFFICE BOX 16097

City JACKSON State MS Zip Code 39236

Purpose of Disbursement  
Consultant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16323

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

19700.00

TOTAL This Period (last page this line number only)

# **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

A. Full Name (Last, First, Middle Initial) THE MAYFLOWER GROUP, LLC	Transaction ID: SB17.16350 Date of Disbursement
Mailing Address POST OFFICE BOX 16097	<div> <div>MM / DD / YYYY</div> <div>11 / 24 / 2008</div> </div>
City JACKSON State MS Zip Code 39236	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursed expenses Candidate Name	<div>65.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type
B. Full Name (Last, First, Middle Initial) THE PICKLED OKRA	Transaction ID: SB17.16359 Date of Disbursement
Mailing Address 211 S. CHRISMAN AVE	<div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2008</div> </div>
City CLEVELAND State MS Zip Code 38732	Amount of Each Disbursement this Period
Purpose of Disbursement Meal/Meeting Candidate Name	<div>67.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type
C. Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: SB17.16392 Date of Disbursement
Mailing Address 1739 University Avenue	<div> <div>MM / DD / YYYY</div> <div>10 / 01 / 2008</div> </div>
City Oxford State MS Zip Code 38655	Amount of Each Disbursement this Period
Purpose of Disbursement Postage/Delivery Candidate Name	<div>101.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type
SUBTOTAL of Disbursements This Page (optional)	65.15
TOTAL This Period (last page this line number only)	

**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

A.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: SB17.16427 Date of Disbursement
	Mailing Address 1739 University Avenue	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City Oxford State MS Zip Code 38655	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage/Delivery Candidate Name Category/Type	<input type="text" value="548.70"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) U.S. SENATE RESTAURANT	Transaction ID: SB17.16278 Date of Disbursement
	Mailing Address 1ST & C STREET N.E.	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City WASHINGTON State DC Zip Code 20510	Amount of Each Disbursement this Period
	Purpose of Disbursement Meal/Meeting Candidate Name Category/Type	<input type="text" value="233.44"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U.S POSTMASTER	Transaction ID: SB17.16314 Date of Disbursement
	Mailing Address MAIN STREET	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City TUPELO State MS Zip Code 38804	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Candidate Name Category/Type	<input type="text" value="315.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) ▶		<input type="text" value="548.44"/>
<b>TOTAL</b> This Period (last page this line number only) ▶		<input type="text"/>

**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

A.

Full Name (Last, First, Middle Initial)  
UNIVERSITY TIRES, INC.

Mailing Address 1434 UNIVERSITY DR.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Campaign vehicle - maintenance

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16383

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

31.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
VERIZON WIRELESS

Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16354

Date of Disbursement

09 / 20 / 2008

Amount of Each Disbursement this Period

144.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
VRAZEL'S FINE FOOD RESTAURANT

Mailing Address 3206 WEST BEACH BLVD.

City GULFPORT State MS Zip Code 39501

Purpose of Disbursement  
Commercial production

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16413

Date of Disbursement

10 / 11 / 2008

Amount of Each Disbursement this Period

141.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)



**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WAL- MART</p> <p>Mailing Address 2530 JACKSON AVE W</p> <p>City OXFORD State MS Zip Code 38655</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16390 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 12.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WALGREENS</p> <p>Mailing Address 3835 NORTHBROOK DRIVE</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16387 Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 33.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WICKER FOR SENATE</p> <p>Mailing Address PO BOX 233</p> <p>City TUPELO State MS Zip Code 38802</p> <p>Purpose of Disbursement In-kind -</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.16430 Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1050.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) .....</p>		<p>1050.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>		

# **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

A.

Full Name (Last, First, Middle Initial)

WINFREY & COMPANY

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
Consultant Fees - Fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16309

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

7787.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

WINNING EDGE COMMUNICATIONS, LLC

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement:  
Printing/Postage - Mailouts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16261

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

14565.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

WINNING EDGE COMMUNICATIONS, LLC

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement:  
Printing/Postage - Mailouts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.16292

Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

74167.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

96520.03

TOTAL This Period (last page this line number only)

# **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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

WINNING EDGE COMMUNICATIONS, LLC

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement  
Printing/Postage - Mailouts

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16294  
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

23039.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

WINNING EDGE COMMUNICATIONS, LLC

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement  
Printing/Postage - Mailouts

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16295  
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

44267.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

WINNING EDGE COMMUNICATIONS, LLC

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement  
Printing/Postage - Mailouts

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: SB17.16317  
Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

2424.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

69731.81

TOTAL This Period (last page this line number only)

605211.31

NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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**04-13-09**

Date of Receipt

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USPS PRIORITY MAIL

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USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

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UPS

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DHL

☐

AIRBORNE EXPRESS

☐

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Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

**RD**

DATE PREPARED

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