

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
CASSIDY VICTORY

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 11 / 17 / 2014 through 12 / 26 / 2014

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 BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE [Electronically Filed] Date 01 / 05 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CASSIDY VICTORY

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45072.89"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="158900.00"/>	<input type="text" value="445400.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="203972.89"/>	<input type="text" value="445400.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="174697.18"/>	<input type="text" value="416124.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29275.71"/>	<input type="text" value="29275.71"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CASSIDY VICTORY

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 17 / 2014 To: M M / D D / Y Y Y Y 12 / 26 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	148900.00	420250.00
(ii) Unitemized	0.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	148900.00	420400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	158900.00	445400.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	158900.00	445400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	158900.00	445400.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2650.38	14645.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2650.38	14645.44
22. Transfers to Affiliated/Other Party Committees.....	160646.80	384078.85
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	11400.00	12400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	11400.00	17400.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	174697.18	416124.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	174697.18	416124.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	158900.00	445400.00
34. Total Contribution Refunds (from Line 28(d))	11400.00	17400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	147500.00	428000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2650.38	14645.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2650.38	14645.44

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. NANCY BROYLES
Full Name (Last, First, Middle Initial)
Mailing Address 335 MILLICENT WAY

City SHREVEPORT	State LA	Zip Code 70898
--------------------	-------------	-------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.4347

Amount of Each Receipt this Period
2500.00

B. WILLIAM H. BROYLES
Full Name (Last, First, Middle Initial)
Mailing Address 335 MILLICENT WAY

City SHREVEPORT	State LA	Zip Code 71106
--------------------	-------------	-------------------

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

Name of Employer THE BROYLES GROUP	Occupation INVESTMENTS
---------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
2500.00

C. ANN LYNN CHARBONNET
Full Name (Last, First, Middle Initial)
Mailing Address 639 LOYOLA AVE
STE 2775

City NEW ORLEANS	State LA	Zip Code 70113
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
3750.00

SUBTOTAL of Receipts This Page (optional).....▶	8750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial) A. J. STOREY CHARBONNET		Date of Receipt 12 / 01 / 2014 Transaction ID : SA11AI.4318
Mailing Address 639 LOYOLA AVE STE. 2775		Amount of Each Receipt this Period 3750.00
City NEW ORLEANS	State LA	Zip Code 70113
FEC ID number of contributing federal political committee. C	Name of Employer JOHNSON RICE & COMPANY LLC	Occupation SALES MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Full Name (Last, First, Middle Initial) B. CLEARWATER OFFICE REAL ESTATE, LLC		Date of Receipt 12 / 03 / 2014 Transaction ID : SA11AI.4360
Mailing Address 1340 HAMLET AVENUE		Amount of Each Receipt this Period 2600.00
City CLEARWATER	State FL	Zip Code 33756
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

Full Name (Last, First, Middle Initial) C. EDWARD L. DIEFENTHAL		Date of Receipt 12 / 01 / 2014 Transaction ID : SA11AI.4337
Mailing Address 131 AIRLINE DR		Amount of Each Receipt this Period 5000.00
City METAIRIE	State LA	Zip Code 70001
FEC ID number of contributing federal political committee. C	Name of Employer WOODVINE GROUP, LLC	Occupation PRESIDENT & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	11350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. LORENZO FERTITTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2960 WEST SAHARA AVENUE
 City LAS VEGAS State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ZUFFA, LLC Occupation CHAIRMAN AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2014
Transaction ID : SA11AI.4341
 Amount of Each Receipt this Period
 2600.00

B. TERESA J. FERTITTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2960 WEST SAHARA AVENUE
 City LAS VEGAS State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2014
Transaction ID : SA11AI.4343
 Amount of Each Receipt this Period
 2600.00

C. G. ARCHER FRIERSONII
 Full Name (Last, First, Middle Initial)
 Mailing Address 10985 HARTS ISLAND RD
 City SHREVEPORT State LA Zip Code 71115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRIERSON BROTHERS Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.4310
 Amount of Each Receipt this Period
 2600.00

SUBTOTAL of Receipts This Page (optional).....▶	7800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. BOBBI GRIGSBY
Full Name (Last, First, Middle Initial)

Mailing Address 19145 W. MUIRFIELD CIRCLE

City State Zip Code
BATON ROUGE LA 70810

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SA11AI.4312

Amount of Each Receipt this Period
5200.00

B. JAY LAPEYRE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 50699

City State Zip Code
NEW ORLEANS LA 70150

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

Name of Employer Occupation
LAITNAM LLC PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SA11AI.4320

Amount of Each Receipt this Period
2400.00

C. RAY J. LASSEIGNE
Full Name (Last, First, Middle Initial)

Mailing Address 341 AUTUMN RIDGE DRIVE

City State Zip Code
BOSSIER CITY LA 71111

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

Name of Employer Occupation
TMR EXPLORATION, INC. PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	8600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)
A. THOMAS E. LAVIN

Mailing Address 117 RIVERDALE DRIVE

City State Zip Code
COVINGTON LA 70433

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.4349

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. JACK E. LAWTON JR.

Mailing Address 1450 WILLIAM STREET
2ND FLOOR

City State Zip Code
LAKE CHARLES LA 70601

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

Name of Employer Occupation
LAWTON OIL PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : SA11AI.4345

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
C. WALTER MISCHER JR.

Mailing Address 9 GREENWAY PLAZA
SUITE 2900

City State Zip Code
HOUSTON TX 77046

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

Name of Employer Occupation
MISCHER INVESTMENTS, LP REAL ESTATE DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.4322

Amount of Each Receipt this Period
4800.00

PARNERSHIP ATTRIBUTION - MICHER INVESTMENTS

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. MISCHER INVESTMENTS, L.P.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GREENWAY PLAZA
 SUITE 2900
 City HOUSTON State TX Zip Code 77046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.4366
 Amount of Each Receipt this Period
 4800.00
 PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

B. GARY W. MOCKLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 612 WOODVIEW COURT
 City BATON ROUGE State LA Zip Code 70810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MOCKLER BEVERAGE OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : SA11AI.4324
 Amount of Each Receipt this Period
 10000.00

C. JEFFREY NEAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1099 PELHAM ROAD
 City WINNETKA State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2014
Transaction ID : SA11AI.4329
 Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional).....	24800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)
A. RUSSELL PEPPER

Mailing Address 5519 FIELDWOOD DRIVE

City HOUSTON State TX Zip Code 77056

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

Name of Employer SELF Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. NICHOLAS PETERS

Mailing Address 1340 HAMLET AVENUE

City CLEARWATER State FL Zip Code 33756

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

Name of Employer SELF Occupation RESTAURANTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2014

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
2600.00

PARNERSHIP ATTRIBUTION - CLEARWATER OFFICE REAL ESTATE, LLC

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WENDY REILY

Mailing Address 640 MAGAZINE STREET

City NEW ORLEANS State LA Zip Code 70130

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. WILLIAM BOATNER REILY III
Full Name (Last, First, Middle Initial)

Mailing Address 640 MAGAZINE STREET

City NEW ORLEANS State LA Zip Code 70130

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

Name of Employer REILY FOOD CO. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
 10000.00

B. DR. STEVE RIPPLE
Full Name (Last, First, Middle Initial)

Mailing Address 10522 S. GLENSTONE PLACE

City BATON ROUGE State LA Zip Code 70810

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

Name of Employer SMILE STARS, LLC Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2014

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period
 5000.00

PARNERSHIP ATTRIBUTION - SMILE STARS, LLC

[MEMO ITEM]

C. LINDA L. RISPONE
Full Name (Last, First, Middle Initial)

Mailing Address 18250 S. MISSION HILLS AVENUE

City BATON ROUGE State LA Zip Code 70810

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11AI.4351

Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial) A. MR. GEORGE SCHAFFER			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014
Mailing Address 341 3RD STREET			Transaction ID : SA11AI.4352
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer CROMPION INTERNATIONAL	Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5200.00		

Full Name (Last, First, Middle Initial) B. SMILE STARS, LLC			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014
Mailing Address 10522 S. GLENSTONE PLACE			Transaction ID : SA11AI.4356
City BATON ROUGE	State LA	Zip Code 70810	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION

Full Name (Last, First, Middle Initial) C. STEVEN A. WEBSTER			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2014
Mailing Address 500 DALLAS ST. STE 2300			Transaction ID : SA11AI.4308
City HOUSTON	State TX	Zip Code 77002	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			
Name of Employer AVISTA CAPITAL PARTNERS	Occupation CO-MANAGING PARTNER & CO-CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional).....▶	17600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)
A. ANDREA WYNN

Mailing Address 3131 LAS VEGAS BLVD S

City LAS VEGAS	State NV	Zip Code 89109
-------------------	-------------	-------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
B. STEPHEN WYNN

Mailing Address 3131 LAS VEGAS BLVD S

City LAS VEGAS	State NV	Zip Code 89109
-------------------	-------------	-------------------

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

Name of Employer WYNN RESORTS	Occupation CHAIRMAN
----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
10000.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	148900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

A. EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)
Full Name (Last, First, Middle Initial)

Mailing Address 300 NEW JERSEY AVENUE NE
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : SA11C.4364

Amount of Each Receipt this Period
5000.00

B. TACO POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)

Mailing Address 6405 METCALF AVENUE, SUITE 503

City SHAWNEE MISSION State KS Zip Code 66202

FEC ID number of contributing federal political committee. **C** C00330118

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : SA11C.4362

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CTR.
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2014

Transaction ID : SB21B.4287

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CTR.
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2014

Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

2050.38

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2650.38

2650.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
TRANSFER

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
11 / 21 / 2014

Transaction ID : SB22.4284

Amount of Each Disbursement this Period

7537.66

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
TRANSFER

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
12 / 03 / 2014

Transaction ID : SB22.4285

Amount of Each Disbursement this Period

9073.93

Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF LOUISIANA

Mailing Address C/O RED CURVE SOLUTIONS
500 CUMMINGS CENTER, SUITE 4400

City State Zip Code
BEVERLY MA 01915

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
11 / 21 / 2014

Transaction ID : SB22.4289

Amount of Each Disbursement this Period

68401.34

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

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

85012.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF LOUISIANA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			03			2014					

Mailing Address C/O RED CURVE SOLUTIONS
500 CUMMINGS CENTER, SUITE 4400

Transaction ID : SB22.4306

City BEVERLY State MA Zip Code 01915

Amount of Each Disbursement this Period

75633.87

Purpose of Disbursement
TRANSFER

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

75633.87

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

160646.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CASSIDY VICTORY

Full Name (Last, First, Middle Initial)

A. MANOR INVESTMENTS, LLC

Mailing Address 333 TEXAS STREET

City SHREVEPORT State LA Zip Code 71101

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SB28A.4295

Amount of Each Disbursement this Period

11400.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

11400.00

11400.00