

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

Office Use Only PH 12: 06

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)
[X] October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

(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

In the State of

5. Covering Period

07

01

2006

through

09

30

2006

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

[Handwritten Signature]

JOHN M. ROBINSON, CPA

Date

01

22

2007

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)

27020022772

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 ^o	M ^o
07	01

Y ^r	Y ^r	Y ^r	Y ^r
2006	01	01	01

 To:

M ^o	M ^o
09	30

Y ^r	Y ^r	Y ^r	Y ^r
2006	09	09	09

	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(a)).....	32500.00	466100.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32500.00	464100.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	17987.36	538045.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7466.24
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17987.36	530579.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	348643.27	
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 800-424-9630
Local 202-694-1100

27020022773

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
CITIZENS FOR COCHRAN

Report Covering the Period: From:

M	M
07	

D	D
01	

Y	Y	Y	Y
2	0	0	8

 To:

M	M
09	

D	D
30	

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	9500.00	137400.00
(i) Itemized (use Schedule A).....	0.00	2200.00
(ii) Unitemized.....	9500.00	139600.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	23000.00	326500.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	32500.00	468100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))	0.00	102.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	7466.24
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1833.52	23397.22
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	34133.52	497066.03

27020022774

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17987.36	538045.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	10000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	2000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS.....	0.00	380000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	17987.36	930045.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	332497.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34133.52
25. SUBTOTAL (add Line 23 and Line 24).....	366630.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17987.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	348643.27

27020022775

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

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

FOR LINE NUMBER: PAGE 5 / 31

(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

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)
DAM COOPER

Mailing Address **750 BELHAVEN ST**

City **JACKSON** State **MS** Zip Code **39202**

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

Name of Employer **THE CAPITOL GROUP** Occupation **LOBBYIST**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2008.00**

Date of Receipt
 MONTH DAY YEAR
08 15 2008

Transaction ID: **SA11A1.11399**

Amount of Each Receipt this Period
2000.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

B. Full Name (Last, First, Middle Initial)
CHARLES A. HEMBOLD, JR.

Mailing Address **19 PILOT ROCK LANE**

City **RIVERSIDE** State **CT** Zip Code **06878**

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

Name of Employer **Bristol Myers Squibb (retired)** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 MONTH DAY YEAR
09 19 2008

Transaction ID: **SA11A1.11427**

Amount of Each Receipt this Period
1000.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

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

Mailing Address **2109 WOODMONT RD.**

City **ALEXANDRIA** State **VA** Zip Code **22307**

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

Name of Employer **Cornerstone Government Affairs** Occupation **Executive**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 MONTH DAY YEAR
07 12 2008

Transaction ID: **SA11A1.11318**

Amount of Each Receipt this Period
1000.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

4000.00

27020022776

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

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

FOR LINE NUMBER: PAGE 6 / 31
(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)
JOHN P. KEAST

Mailing Address **12594 SPILLER LANE**

City **MANASSAS** State **VA** Zip Code **20112**

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

Name of Employer **Comerstone Government Affairs** Occupation **Executive**

Receipt For: 2008
 Primary General
 Other (specify) **500.00**

Date of Receipt
 MM / DD / YYYY
07 / 12 / 2008

Transaction ID: **SA11A1.11318**

Amount of Each Receipt (this Period)
500.00

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

B. Full Name (Last, First, Middle Initial)
SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

Mailing Address **349 MESKWAKI ROAD**

City **TAMA** State **IA** Zip Code **52330-0534**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **2000.00**

Date of Receipt
 MM / DD / YYYY
09 / 20 / 2008

Transaction ID: **SA11A1.11454**

Amount of Each Receipt (this Period)
2000.00

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

C. Full Name (Last, First, Middle Initial)
SALT RIVER, PIMA-MARIQUA INDIAN COMMUNITY

Mailing Address **10005 E OSBORN RD**

City **SCOTTSDALE** State **AZ** Zip Code **85268**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **2000.00**

Date of Receipt
 MM / DD / YYYY
07 / 28 / 2008

Transaction ID: **SA11A1.11452**

Amount of Each Receipt (this Period)
2000.00

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

SUBTOTAL of Receipts This Page (optional) **4500.00**

TOTAL This Period (last page this line number only)

4500.00

27020022777

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 31

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. TIMOTHY K. SANDERS
Mailing Address 305 3RD ST. SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comarabone Government Af-
fairs

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

07 11 2006

Transaction ID: SA11A1.11320

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

9600.00

27020922778

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

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

FOR LINE NUMBER: PAGE 8 / 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. AAI CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 126**

City **HUNT VALLEY** State **MD** Zip Code **21030**

FEC ID number of contributing federal political committee. **C C00189508**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
 MM / DD / YYYY
08 / 07 / 2006

Transaction ID: **SA11C.11372**

Amount of Each Receipt this Period
2000.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

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

Mailing Address **100 Bayer Road
ATTN: W M WEAVER**

City **Pittsburgh** State **PA** Zip Code **15205**

FEC ID number of contributing federal political committee. **C C00281182**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 MM / DD / YYYY
08 / 19 / 2006

Transaction ID: **SA11C.11419**

Amount of Each Receipt this Period
1000.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

Full Name (Last, First, Middle Initial)
C. DELoitTE AND TOUCHE LLP FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 386**

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

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 MM / DD / YYYY
08 / 07 / 2006

Transaction ID: **SA11C.11374**

Amount of Each Receipt this Period
1000.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶

4000.00

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

27020022779

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31

(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

Full Name (Last, First, Middle Initial)
A. EADS NORTH AMERICA; AMERICANS FOR COMPETITION IN AEROSPACE PAC

Mailing Address 1616 N FORT MYER DRIVE SUITE 1600

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C C0042123D**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
09 / 19 / 2008

Transaction ID: SA11C.11420

Amount of Each Receipt this Period
2000.00

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

Full Name (Last, First, Middle Initial)
B. ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Mailing Address LILLY CORPORATE CENTER

City State Zip Code
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C C00082792**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
08 / 08 / 2008

Transaction ID: SA11C.11395

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 50 F STREET NW SUITE 900

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
07 / 14 / 2008

Transaction ID: SA11C.11309

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

8000.00

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

27020022780

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

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

FOR LINE NUMBER: PAGE 10/31

(check only one)

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

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NAME OF COMMITTEE (in Full)

CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. JOHN DEERE PAC

Mailing Address ONE JOHN DEERE PLACE

City State Zip Code
MOLINE IL 61255

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 19 / 2006

Transaction ID: SA11C.11423

Amount of Each Receipt this Period

2000.00

Primary

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE

Mailing Address One Johnson & Johnson Plaza

City State Zip Code
New Brunswick NJ 08933

FEC ID number of contributing federal political committee.

C C00010983

Name of Employer

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
08 / 18 / 2008

Transaction ID: SA11C.11388

Amount of Each Receipt this Period

1000.00

Primary

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. MANUFACTURED HOUSING INSTITUTE POLITICAL ACTION COMMITTEE (MHI PAC)

Mailing Address 2101 WILSON BLVD SUITE 610

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing federal political committee.

C C00043483

Name of Employer

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 25 / 2006

Transaction ID: SA11C.11312

Amount of Each Receipt this Period

1000.00

Primary

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(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. MANUFACTURED HOUSING INSTITUTE POLITICAL ACTION COMMITTEE (MHI PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address **2101 WILSON BLVD SUITE 610**
 City **ARLINGTON** State **VA** Zip Code **22201**
 FEC ID number of contributing federal political committee. **C C00043463**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify)
 Election Cycle-to-Date **3000.00**

Date of Receipt
 MM / DD / YYYY
09 / 19 / 2008
 Transaction ID: SA11C.11422
 Amount of Each Receipt this Period
2000.00
 Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

B. NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address **701 Pennsylvania Ave. NW Suite 725**
 City **Washington** State **DC** Zip Code **20004**
 FEC ID number of contributing federal political committee. **C C00033969**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 MM / DD / YYYY
08 / 07 / 2008
 Transaction ID: SA11C.11371
 Amount of Each Receipt this Period
500.00
 Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

C. SOUTHEASTERN LUMBER MANUFACTURERS ASSOC POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address **871 FOREST PARKWAY PO BOX 1768**
 City **FOREST PARK** State **GA** Zip Code **30050**
 FEC ID number of contributing federal political committee. **C C00128678**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 MM / DD / YYYY
09 / 25 / 2008
 Transaction ID: SA11C.11456
 Amount of Each Receipt this Period
1000.00
 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)

3500.00

27020022782

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 31

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)
WYETH GOOD GOVERNMENT FUND

Mailing Address **FIVE GIRALDA FARMS**

City **MADISON** State **NJ** Zip Code **07940**

FEC ID number of contributing federal political committee: **C 000115303**

Name of Employer: _____ Occupation: _____

Receipt For: 2008
 Primary General
 Other (specify) _____

Election Cycle-to-Date: **5000.00**

Date of Receipt
08 / 07 / 2006

Transaction ID: **SA11C.11373**

Amount of Each Receipt this Period
2500.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
ZENECA 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 000279455**

Name of Employer: _____ Occupation: _____

Receipt For: 2008
 Primary General
 Other (specify) _____

Election Cycle-to-Date: **1000.00**

Date of Receipt
08 / 07 / 2006

Transaction ID: **SA11C.11375**

Amount of Each Receipt this Period
1000.00

Primary
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	23000.00

27020022783

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

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

FOR LINE NUMBER: PAGE 13 / 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. 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 ▼
5112.44

Date of Receipt
07 / 24 / 2006

Transaction ID: **SA15.11311**

Amount of Each Receipt this Period
155.14

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)
B. 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 ▼
5304.81

Date of Receipt
08 / 24 / 2006

Transaction ID: **SA15.11393**

Amount of Each Receipt this Period
192.37

Interest Income

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)
C. 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 ▼
5497.18

Date of Receipt
09 / 27 / 2006

Transaction ID: **SA15.11429**

Amount of Each Receipt this Period
192.37

Interest Income

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) **539.88**

TOTAL This Period (last page this line number only)

27020022764

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

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

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

<input 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 checked="" type="checkbox"/> 14

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NAME OF COMMITTEE (in Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
MERCHANTS & FARMERS BANK

Mailing Address COURT STREET

City TUPELO State MS Zip Code 38804

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6263.89

Date of Receipt
MM / DD / YYYY
07 / 28 / 2006

Transaction ID: SA15.11389

Amount of Each Receipt this Period
678.14

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(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 ▼
3001.80

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA15.11402

Amount of Each Receipt this Period
139.17

Interest Income

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

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

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3140.23

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: SA15.11401

Amount of Each Receipt this Period
138.63

Interest Income

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

SUBTOTAL of Receipts This Page (optional) ▶

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

955.84

27026022785

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

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

FOR LINE NUMBER: PAGE 15/31

(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)

Mailing Address P.O. BOX 709

City State Zip Code
TUPELO MS 38802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3277.93

Date of Receipt

MM / DD / YYYY
09 / 30 / 2006

Transaction ID: SA15.11450

Amount of Each Receipt this Period

137.70

Interest Income

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

SUBTOTAL of Receipts This Page (optional) ▶

137.70

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

1533.52

27020022786

**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)

PAGE 18/31

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)
2006 Mississippi Baseball Congress

Mailing Address 116 Richland Street

City Richland State MS Zip Code 39218

Purpose of Disbursement Full Page Ad

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.1132B
Date of Disbursement 07 / 06 / 2008

Amount of Each Disbursement this Period 300.00

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

001
Category/Type

B. Full Name (Last, First, Middle Initial)
ARCH

Mailing Address P.O. BOX 4392

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement Pager

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.11348
Date of Disbursement 07 / 27 / 2008

Amount of Each Disbursement this Period 10.81

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

001
Category/Type

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

Mailing Address P.O. BOX 4392

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement Phone - pager

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.11403
Date of Disbursement 09 / 05 / 2008

Amount of Each Disbursement this Period 10.81

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

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) 321.62

TOTAL This Period (last page this line number only)

27026022787

**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)				PAGE 17 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. ARCH	Transaction ID: SB17.11439 Date of Disbursement 09 / 27 / 2008
Mailing Address P.O. BOX 4392	Amount of Each Disbursement this Period 10.81
City CAROL STREAM State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Pager	Category/Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. ARMAND'S CHICAGO PIZZARIA	Transaction ID: SB17.11412 Date of Disbursement 09 / 05 / 2008
Mailing Address 4231 WISCONSIN AVE NW	Amount of Each Disbursement this Period 150.81
City WASHINGTON State DC Zip Code 20016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Meal	Category/Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AT&T	Transaction ID: SB17.11327 Date of Disbursement 07 / 06 / 2008
Mailing Address P.O. BOX 9001310	Amount of Each Disbursement this Period 25.59
City LOUISVILLE State KY Zip Code 40290	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone	Category/Type 001
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	36.40
TOTAL This Period (last page this line number only)	

27020022788

**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)

PAGE 18 / 31

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address P.O. BOX 9001310

City State Zip Code
LOUISVILLE KY 40290

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11378

Date of Disbursement

08 / 02 / 2008

Amount of Each Disbursement this Period

25.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.93

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address P.O. BOX 9001310

City State Zip Code
LOUISVILLE KY 40290

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11406

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

25.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.93

Full Name (Last, First, Middle Initial)

C. BELLSOUTH

Mailing Address P.O. BOX 740144

City State Zip Code
ATLANTA GA 30374-0144

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11343

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

42.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.93

SUBTOTAL of Disbursements This Page (optional) ▶

93.08

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)

PAGE 19/31

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. BELLSOUTH

Mailing Address **P.O. BOX 740144**

City **ATLANTA** State **GA** Zip Code **30374-0144**

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: **SB17.11389**

Date of Disbursement

08 / **25** / **2008**

Amount of Each Disbursement this Period

42.27

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

Full Name (Last, First, Middle Initial)

B. BELLSOUTH

Mailing Address **P.O. BOX 740144**

City **ATLANTA** State **GA** Zip Code **30374-0144**

Purpose of Disbursement

Phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: **SB17.11438**

Date of Disbursement

09 / **27** / **2008**

Amount of Each Disbursement this Period

42.17

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

Full Name (Last, First, Middle Initial)

C. 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: **SB17.11351**

Date of Disbursement

07 / **27** / **2008**

Amount of Each Disbursement this Period

1506.16

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

84.44

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

27020022790

**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)				PAGE 20/31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. BOSTON COACH		Transaction ID: SB17.11410
Mailing Address 89 NORMAN STREET		Date of Disbursement 09 / 05 / 2008
City EVERETT	State MA	Zip Code 02149
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 925.08
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 002	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. BOSTON COACH		Transaction ID: SB17.11442
Mailing Address 89 NORMAN STREET		Date of Disbursement 09 / 27 / 2007
City EVERETT	State MA	Zip Code 02149
Purpose of Disbursement Travel	Candidate Name	Amount of Each Disbursement this Period 702.78
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. THAD COCHRAN		Transaction ID: SB17.11347
Mailing Address 218-A MARYLAND AVE NE		Date of Disbursement 07 / 25 / 2008
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement Reimbursement for postage	Candidate Name	Amount of Each Disbursement this Period 26.80
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: MS District: 00	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	26.50
TOTAL This Period (last page this line number only)	

27020022791

**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)				PAGE 21 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. THAD COCHRAN		Transaction ID: SB17.11404	
Mailing Address 218-A MARYLAND AVE NE		Date of Disbursement 09 / 08 / 2008	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 221.28
Purpose of Disbursement Travel Expenses		Category/Type 002	
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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MS	District: 00		

Full Name (Last, First, Middle Initial) B. DEATON & DEATON, P.A.		Transaction ID: SB17.11342	
Mailing Address P.O. BOX 1726		Date of Disbursement 07 / 14 / 2008	
City TUPELO	State MS	Zip Code 38802	Amount of Each Disbursement this Period 176.06
Purpose of Disbursement Accounting and administrative services		Category/Type 001	
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 <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. DEATON & DEATON, P.A.		Transaction ID: SB17.11387	
Mailing Address P.O. BOX 1726		Date of Disbursement 08 / 14 / 2008	
City TUPELO	State MS	Zip Code 38802	Amount of Each Disbursement this Period 215.87
Purpose of Disbursement Accounting and Administrative Services		Category/Type 001	
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 <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	613.21
TOTAL This Period (last page this line number only)	

27026022792

**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)				PAGE 22 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. DEATON & DEATON, P.A.		Transaction ID: SB17.11435
Mailing Address P.O. BOX 1728		Date of Disbursement MM / DD / YYYY 09 / 19 / 2008
City TUPELO	State MS	Zip Code 38802
Purpose of Disbursement Administrative and accounting services	Candidate Name	Amount of Each Disbursement this Period 234.78
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	

Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS		Transaction ID: SB17.11325
Mailing Address P.O. BOX 1140		Date of Disbursement MM / DD / YYYY 07 / 08 / 2008
City MEMPHIS	State TN	Zip Code 38101
Purpose of Disbursement Postage and delivery	Candidate Name	Amount of Each Disbursement this Period 5.90
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	

Full Name (Last, First, Middle Initial) C. FEDERAL EXPRESS		Transaction ID: SB17.11341
Mailing Address P.O. BOX 1140		Date of Disbursement MM / DD / YYYY 07 / 12 / 2008
City MEMPHIS	State TN	Zip Code 38101
Purpose of Disbursement Postage and delivery	Candidate Name	Amount of Each Disbursement this Period 251.33
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 001	

SUBTOTAL of Disbursements This Page (optional)	492.01
TOTAL This Period (last page this line number only)	

27020022795

**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)

PAGE 23 / 31

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. FEDERAL EXPRESS

Full Name (Last, First, Middle Initial)
Transaction ID: SB17.11363
Date of Disbursement
08 / 07 / 2008

Mailing Address P.O. BOX 1140
Amount of Each Disbursement this Period
219.52

City MEMPHIS State TN Zip Code 38101
Purpose of Disbursement Postage and delivery
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B. FLOWERS & THINGS

Full Name (Last, First, Middle Initial)
Transaction ID: SB17.11415
Date of Disbursement
09 / 05 / 2008

Mailing Address P.O. BOX 1801
Amount of Each Disbursement this Period
164.78

City CLEVELAND State MS Zip Code 38732
Purpose of Disbursement Gift
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C. Green Floral, Inc.

Full Name (Last, First, Middle Initial)
Transaction ID: SB17.11446
Date of Disbursement
09 / 27 / 2008

Mailing Address 210 Town Square
Amount of Each Disbursement this Period
177.51

City Brandon State MS Zip Code 39042
Purpose of Disbursement Gift
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 219.52

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

27020022794

**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)
HARKINS THE FLORIST

Mailing Address 1601 Magazine Street

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
Gift

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Transaction ID: SB17.11364
Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

65.40

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PLATINUM PLUS FOR BUSINESS

Mailing Address P.O. BOX 15489

City WILMINGTON State DE Zip Code 19888-5489

Purpose of Disbursement
See memo entries

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

001
Category/Type

Transaction ID: SB17.11349
Date of Disbursement

07 / 27 / 2006

Amount of Each Disbursement this Period

3878.11

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

C. Full Name (Last, First, Middle Initial)
PLATINUM PLUS FOR BUSINESS

Mailing Address P.O. BOX 15489

City WILMINGTON State DE Zip Code 19888-5489

Purpose of Disbursement
See credit memos

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Transaction ID: SB17.11409
Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

1483.47

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

SUBTOTAL of Disbursements This Page (optional) ▶

5371.58

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

27020022795

**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)				PAGE 25 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. PLATINUM PLUS FOR BUSINESS		Transaction ID: SB17.11441
Mailing Address P.O. BOX 15469		Date of Disbursement 09 / 27 / 2008
City WILMINGTON	State DE	Zip Code 19866-5469
Purpose of Disbursement See memo entries		Amount of Each Disbursement this Period 1258.02
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 <input type="checkbox"/> Other (specify) ▼	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) B. Rainbow Florist		Transaction ID: SB17.11449
Mailing Address 226 N. Jackson Street		Date of Disbursement 09 / 27 / 2008
City Brookhaven	State MS	Zip Code 39801
Purpose of Disbursement Gift		Amount of Each Disbursement this Period 136.75
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 <input type="checkbox"/> Other (specify) ▼	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) C. RED HOT & BLUE		Transaction ID: SB17.11362
Mailing Address 1701 CLARENDON BLVD #105		Date of Disbursement 07 / 27 / 2008
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement Catering		Amount of Each Disbursement this Period 1358.57
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 <input type="checkbox"/> Other (specify) ▼	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1258.02
TOTAL This Period (last page this line number only)	

27020022796

**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 2f

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)
A. RED HOT & BLUE

Mailing Address 1701 CLARENDON BLVD #105

City State Zip Code
ARLINGTON VA 22209

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11411
Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

30.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JOHN M. ROBINSON, CPA

Mailing Address P.O. BOX 7183

City State Zip Code
TUPELO MS 38802

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11336
Date of Disbursement

07 / 12 / 2008

Amount of Each Disbursement this Period

150.00

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

Full Name (Last, First, Middle Initial)
C. JOHN M. ROBINSON, CPA

Mailing Address P.O. BOX 7183

City State Zip Code
TUPELO MS 38802

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11382
Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

150.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

27020022797

**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)
JOHN M. ROBINSON, CPA

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.11437
Date of Disbursement
09 / 19 / 2008

Amount of Each Disbursement this Period
150.00

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

B. 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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.11418
Date of Disbursement
07 / 27 / 2008

Amount of Each Disbursement this Period
775.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. 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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.11413
Date of Disbursement
09 / 05 / 2008

Amount of Each Disbursement this Period
223.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

27020022798

**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)				PAGE 28 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. SENATE GIFT SHOP		Transaction ID: SB17.11443
Mailing Address U. S. SENATE		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2008
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement Gift		Amount of Each Disbursement this Period 242.00
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 <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. Shelby Thames Distinguished Citizen Award Dinner		Transaction ID: SB17.11339
Mailing Address 1318 Hardy Street		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2008
City Hattiesburg	State MS	Zip Code 39401
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 250.00
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 <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____	Category/Type 012	

Full Name (Last, First, Middle Initial) C. U.S. SENATE RESTAURANT		Transaction ID: SB17.11345
Mailing Address 1ST & C STREET N.E.		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2008
City WASHINGTON	State DC	Zip Code 20510
Purpose of Disbursement Meals-Meetings		Amount of Each Disbursement this Period 268.92
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 <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	518.92
TOTAL This Period (last page this line number only)	

27020022799

**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)	PAGE 29 / 31
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. U.S. SENATE RESTAURANT	Transaction ID: SB17.11405 Date of Disbursement 09 / 08 / 2008
Mailing Address 1ST & C STREET N.E.	
City WASHINGTON State DC Zip Code 20510	Amount of Each Disbursement this Period 456.98
Purpose of Disbursement Meals-Meetings	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. U.S. SENATE RESTAURANT	Transaction ID: SB17.11433 Date of Disbursement 09 / 18 / 2008
Mailing Address 1ST & C STREET N.E.	
City WASHINGTON State DC Zip Code 20510	Amount of Each Disbursement this Period 156.98
Purpose of Disbursement Meals & meetings	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. U.S POSTMASTER	Transaction ID: SB17.11335 Date of Disbursement 07 / 12 / 2008
Mailing Address MAIN STREET	
City TUPELO State MS Zip Code 38804	Amount of Each Disbursement this Period 72.00
Purpose of Disbursement Post office box rental fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	695.96
TOTAL This Period (last page this line number only)	

27020022800

**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

Full Name (Last, First, Middle Initial)

A. WATERGATE FLORIST

Mailing Address 2548 Virginia Ave. NW

City Washington State DC Zip Code 20037-1902

Purpose of Disbursement
Gifts

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.11366
Date of Disbursement

07 / 27 / 2008

Amount of Each Disbursement this Period

174.48

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

B. WINFREY & COMPANY

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
Consultant fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.11323
Date of Disbursement

07 / 06 / 2008

Amount of Each Disbursement this Period

2560.00

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

Full Name (Last, First, Middle Initial)

C. WINFREY & COMPANY

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
Consultant Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.11380
Date of Disbursement

08 / 02 / 2008

Amount of Each Disbursement this Period

2560.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

5120.00

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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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. WINFREY & COMPANY

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
Consultant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB17.11407
Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement This Period

2560.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.93

SUBTOTAL of Disbursements This Page (optional)

2560.00

TOTAL This Period (last page this line number only)

17882.36

27020022802

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 01-31-07
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 01-31-07

27020022803



27020022804