

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

15 JUL 15 AM 10:01

Office Use Only

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

12FE4M5

CITIZENS FOR COCHRAN

ADDRESS (number and street)

PO BOX 7183

Check if different
than previously
reported. (ACC)

TUPELO

MS

38802

2. FEC IDENTIFICATION NUMBER ▼

C

C00091892

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
-
- REPORT

NEW
(N)

OR

AMENDED
(A)

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

in the
State of

V

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the
State of

V

5. Covering Period

MM / DD / YYYY

04

01

2015

through

MM / DD / YYYY

06

30

2015

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

Type or Print Name of Treasurer JOHN M. ROBINSON

Signature of Treasurer JOHN M. ROBINSON

Date

07 / 13 / 2015

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

Office
Use
OnlyFEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR COCHRAN

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	286416.00	365441.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	286416.00	365441.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	70429.71	510733.70
(b) Total Offsets to Operating Expenditures (from Line 14)...	146.24	2082.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	70283.47	508651.41
8. Cash on Hand at Close of Reporting Period (from Line 27)...	78129.21	
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) ..	387141.22	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

CITIZENS FOR COCHRAN

Report Covering the Period: From:

MM	DD	YYYY
04	01	2015

 To:

MM	DD	YYYY
06	30	2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

(ii) Unitemized

(iii) TOTAL of contributions from individuals .

(b) Political Party Committees...

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

(d) The Candidate

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

13. LOANS:

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

(b) All Other Loans...

(c) TOTAL LOANS

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

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

154525.00
641.00
155166.00
0.00
131250.00
0.00
286416.00
0.00
0.00
0.00
0.00
146.24
10.64
286572.88

186375.00
841.00
187216.00
0.00
178225.00
0.00
365441.00
0.00
0.00
200000.00
0.00
200000.00
2082.29
72.64
567595.93

DETAILED SUMMARY PAGE of Disbursements

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II. DISBURSEMENTS

COLUMN A Total This Period

COLUMN B Election Cycle-to-Date

17. OPERATING EXPENDITURES...

70429.71

510733.70

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES ..

0.00

0.00

19. LOAN REPAYMENTS:

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

150000.00

200000.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))...

150000.00

200000.00

20. REFUNDS OF CONTRIBUTIONS TO:

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

0.00

0.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c))...

0.00

0.00

21. OTHER DISBURSEMENTS ...

0.00

0.00

22. **TOTAL DISBURSEMENTS**

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

220429.71

710733.70

III. CASH SUMMARY

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

11986.04

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

286572.88

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

298558.92

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

220429.71

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

78129.21

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 95
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

201507150200181795

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

201507150200181796

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial) SHERWOOD R. BAILEY Jr.			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 813 EAST PASS ROAD			Transaction ID : SA11AI.37989	
City	State	Zip Code		
GULFPORT	MS	39507		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			1000.00	
Name of Employer BAILEY LUMBER		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) PAUL T. BENTON			Date of Receipt MM / DD / YYYY 04 / 13 / 2015	
Mailing Address P.O. BOX 1341			Transaction ID : SA11AI.37973	
City	State	Zip Code		
BILOXI	MS	39533		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			500.00	
Name of Employer SELF		Occupation ATTORNEY		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) DEAN P. BLANCHARD			Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address P.O. BOX 1			Transaction ID : SA11AI.38007	
City	State	Zip Code		
GRAND ISLE	LA	70358		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
C			1000.00	
Name of Employer DEAN BLANCHARD SEAFOOD INC.		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....			2500.00	
TOTAL This Period (last page this line number only).....				

201507150200181797

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial) GERALD BLESSEY		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 4648		Transaction ID : SA11AI.38052	
City BILOXI	State MS	Zip Code 39535	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer COLUMBUS COMMUNITIES, LLC		Occupation ATTORNEY/REAL ESTATE DEVELOPER	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 1000.00	
B. Full Name (Last, First, Middle Initial) FRANK W. BORDEAUX		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 11633 BLUFF LANE		Transaction ID : SA11AI.37987	
City GULFPORT	State MS	Zip Code 39507	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer		Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
C. Full Name (Last, First, Middle Initial) BERNIE BURKHOLDER		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 2012 BAYOU LAPORTE DR		Transaction ID : SA11AI.38120	
City BILOXI	State MS	Zip Code 39531	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer		Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	
SUBTOTAL of Receipts This Page (optional).....		3500.00	
TOTAL This Period (last page this line number only).....			

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

201507150200181799

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) MARTIN CANCIENNE			Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 7075 HWY 1 SOUTH			Transaction ID : SA11AI.38126	
City BELLE ROSE	State LA	Zip Code 70341	Amount of Each Receipt this Period 500.00 2014 General Debt Retirement	
FEC ID number of contributing federal political committee. C				
Name of Employer THE LIVINGSTON GROUP, LLC		Occupation Lobbyist		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) JOSEPH C. CANIZARO			Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 909 POYDRAS STREET SUITE 1700			Transaction ID : SA11AI.38028	
City NEW ORLEANS	State LA	Zip Code 70112	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer COLUMBUS PROPERTIES LP		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) JOEL CARTER Sr.			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 29			Transaction ID : SA11AI.38026	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer ISLAND VIEW CASINO		Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....			4100.00	
TOTAL This Period (last page this line number only).....				

201507150200181800

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) CLARENCE CHAPMAN		Date of Receipt MM / DD / YYYY 04 / 15 / 2015
Mailing Address P.O. BOX 550		Transaction ID : SA11AI.38078
City OXFORD	State MS	
Zip Code 38655		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Chartre Consulting, Inc.	Occupation Consultant	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) SIDNEY CHARBONNET		Date of Receipt MM / DD / YYYY 04 / 15 / 2015
Mailing Address 18 GOLF VIEW DR		Transaction ID : SA11AI.38079
City PASS CHRISTIAN	State MS	
Zip Code 39571		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SEEMANN COMPOSITES	Occupation EXECUTIVE	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) JAY M COHEN		Date of Receipt MM / DD / YYYY 04 / 15 / 2015
Mailing Address 1399 NEW YORK AVE, NW SUITE 900		Transaction ID : SA11AI.38043
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 1000.00 Legal Fund
FEC ID number of contributing federal political committee. C		
Name of Employer CHERTOFF GROUP	Occupation PRINCIPAL	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 1000.00	

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

201507150200181801

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

<p>A. Full Name (Last, First, Middle Initial) BRIAN CUCCIAS</p> <p>Mailing Address 3580 LAKEFRONT DR</p> <p>City MOBILE State AL Zip Code 36695</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer INGALLS SHIPBUILDING Occupation VP</p> <p>Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund </p> <p>Election Cycle-to-Date 1000.00</p>			<p>Date of Receipt MM / DD / YYYY 04 / 15 / 2015</p> <p>Transaction ID : SA11AI.38045</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Legal Fund</p>	
<p>B. Full Name (Last, First, Middle Initial) JOHN DANE III</p> <p>Mailing Address 11638 BLUFF LANE</p> <p>City GULFPORT State MS Zip Code 39503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer TRINITY YACHTS, LLC Occupation PRES/CEO</p> <p>Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </p> <p>Election Cycle-to-Date 2000.00</p>			<p>Date of Receipt MM / DD / YYYY 05 / 11 / 2015</p> <p>Transaction ID : SA11AI.37952</p> <p>Amount of Each Receipt this Period 2000.00</p>	
<p>C. Full Name (Last, First, Middle Initial) NATHAN DASCHLE</p> <p>Mailing Address 3710 NEWARK STREET NW #201</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer THE DASCHLE GROUP Occupation CONSULTANT</p> <p>Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </p> <p>Election Cycle-to-Date 525.00</p>			<p>Date of Receipt MM / DD / YYYY 06 / 15 / 2015</p> <p>Transaction ID : SA11AI.38187</p> <p>Amount of Each Receipt this Period 525.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>			<p>3525.00</p>	

201507150200181802

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

201507150200181803

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

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

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

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

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

201507150200181805

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 95
(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) ROBERT T. ELMORE Mailing Address P.O. BOX 2482 City MADISON State MS Zip Code 39130 FEC ID number of contributing federal political committee. C			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 20 / 2015</div> Transaction ID : SA11AI.38067 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">2500.00</div>
Name of Employer EUTAW CONSTRUCTION CO., INC. Occupation OWNER Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;">2500.00</div>
B. Full Name (Last, First, Middle Initial) JAMES L. ERVIN Mailing Address 116 QUEEN STREET City ALEXANDRIA State VA Zip Code 22314 FEC ID number of contributing federal political committee. C			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 15 / 2015</div> Transaction ID : SA11AI.37977 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">500.00</div>
Name of Employer ERVIN HILL STRATEGY Occupation CHAIRMAN/CEO Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;">500.00</div>
C. Full Name (Last, First, Middle Initial) KURT M. EVANS Mailing Address 4061 TURTLE BAYOU DR City KENNER State LA Zip Code 70065 FEC ID number of contributing federal political committee. C			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 15 / 2015</div> Transaction ID : SA11AI.38081 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">1000.00</div>
Name of Employer DIGITAL ENGINEERING Occupation CEO Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;">1000.00</div>
SUBTOTAL of Receipts This Page (optional)			<div style="border: 1px solid black; padding: 2px;">4000.00</div>
TOTAL This Period (last page this line number only)			<div style="border: 1px solid black; padding: 2px;"></div>

201507150200181806

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ALFRED FABER Mailing Address 55 BEECH RIDGE DR City POWELL State OH Zip Code 43065 FEC ID number of contributing federal political committee. C Name of Employer BALDRIDGE FOUNDATION Occupation PRES/CEO Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date 250.00			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">06 / 05 / 2015</div> Transaction ID : SA11AI.38168 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">250.00</div>	
B. Full Name (Last, First, Middle Initial) CY FANCA Mailing Address 1526 BERT AVE City GULFPORT State MS Zip Code 39501 FEC ID number of contributing federal political committee. C Name of Employer DUKES, DUKES, KEATING & FANCA PA Occupation ATTORNEY Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date 1000.00			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">04 / 15 / 2015</div> Transaction ID : SA11AI.38082 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">1000.00</div>	
C. Full Name (Last, First, Middle Initial) TANYA FAYARD Mailing Address 19 LAWRENCE PL City GULFPORT State MS Zip Code 39507 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date 500.00			Date of Receipt <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">05 / 11 / 2015</div> Transaction ID : SA11AI.37958 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">500.00</div>	
SUBTOTAL of Receipts This Page (optional)			<div style="border: 1px solid black; padding: 2px;">1750.00</div>	
TOTAL This Period (last page this line number only)			<div style="border: 1px solid black; padding: 2px;"></div>	

201507150200181807

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ANDREW FORBES		Date of Receipt MM / DD / YYYY 05 / 26 / 2015	
Mailing Address 3124 SHADELAND DR		Transaction ID : SA11AI.38152	
City FALLS CHURCH	State VA	Zip Code 22044	Amount of Each Receipt this Period 250.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C			
Name of Employer CASSIDY & ASSOCIATES	Occupation GOV'T RELATIONS		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) PAUL M. FRANKE Jr.		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. DRAWER 460		Transaction ID : SA11AI.38114	
City GULFPORT	State MS	Zip Code 39502	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) EDWARD FRITTS		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 4661 N. DITTMAR RD		Transaction ID : SA11AI.38228	
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Receipt this Period 1000.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C			
Name of Employer THE FRITTS GROUP, LLC	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14	Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional)		2250.00	
TOTAL This Period (last page this line number only)			

201507150200181808

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

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

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

201507150200181809

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

201507150200181810

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) DALE GOLLOTT			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1191			Transaction ID : SA11AI.38088	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
BILOXI	MS	39533		
FEC ID number of contributing federal political committee. C				
Name of Employer C.F. GOLLOTT & SON SEAFOOD		Occupation OWNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) E.R. GOLLOTT			Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address P.O. BOX 1458			Transaction ID : SA11AI.38039	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
BILOXI	MS	39533		
FEC ID number of contributing federal political committee. C				
Name of Employer GOLDEN GULF COAST PKG		Occupation OWNER	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) ROBERT J. GRAY			Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 6354 ALDERMAN DR			Transaction ID : SA11AI.38134	
City	State	Zip Code	Amount of Each Receipt this Period 300.00	
KINGSTOWNE	VA	22315		
FEC ID number of contributing federal political committee. C				
Name of Employer COUNCIL OF NORTHEAST FARMER COOPEI		Occupation EXECUTIVE DIRECTOR	Legal Fund	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 300.00		
SUBTOTAL of Receipts This Page (optional)			1800.00	
TOTAL This Period (last page this line number only)				

201507150200181811

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 22 OF 95	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) TERRY W. GREEN		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address P.O. BOX 2788		Transaction ID : SA11AI.38017	
City SUGARLAND	State TX	Zip Code 77487	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ISLAND VIEW CASINO RESORT	Occupation PRESIDENT/CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) MITCHELL HAIRSTON		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 49 54TH ST		Transaction ID : SA11AI.38018	
City GULFPORT	State MS	Zip Code 39507	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer COVINGTON CIVIL & ENVIRONMENTA	Occupation MANAGING PARTNER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) DON HALLE		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 225 COWAN ROAD		Transaction ID : SA11AI.38021	
City GULFPORT	State MS	Zip Code 39507	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer GULF PROPERTIES	Occupation REAL ESTATE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		3000.00	
TOTAL This Period (last page this line number only).....			

201507150200181812

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 23 OF 95	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JAMES W. HARDAMAN		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 16 HANCOCK PLACE		Transaction ID : SA11AI.38049	
City GULFPORT	State MS	Zip Code 39507	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Legal Fund	
Name of Employer SELF	Occupation INVESTOR		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) CECIL W. HARPER		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 169 WAYS WAY		Transaction ID : SA11AI.37984	
City MADISON	State MS	Zip Code 39110	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer HARPER RAINS KNIGHT & CO	Occupation MANAGING DIRECTOR		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) BILL HAWKS		Date of Receipt MM / DD / YYYY 06 / 24 / 2015	
Mailing Address 1004 E. CAPITOL N.E.		Transaction ID : SA11AI.38220	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer AG Work Solutions	Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
SUBTOTAL of Receipts This Page (optional)		2750.00	
TOTAL This Period (last page this line number only)			

201507150200181813

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
EDWARD T HAYES

Mailing Address **609 TAYLOR AVE**

City **METARIE** State **LA** Zip Code **70005**

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

Name of Employer **BAYOU TAX CREDITS** Occupation **OFFICER**

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

Election Cycle-to-Date **500.00**

Date of Receipt

05 / 11 / 2015

Transaction ID : **SA11AI.37954**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
BRET HEALY

Mailing Address **P.O. BOX 731**

City **CHAMBERLAIN** State **SD** Zip Code **57325**

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

Name of Employer **RIVER BLUFFS STRATEGIES** Occupation **PRES**

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

Election Cycle-to-Date **500.00**

Date of Receipt

05 / 11 / 2015

Transaction ID : **SA11AI.37947**

Amount of Each Receipt this Period

500.00

2014 General Debt Retirement

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

Mailing Address **5927 OAKDALE ROAD**

City **MCLEAN** State **VA** Zip Code **22101**

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

Name of Employer **ICE MILLER STRATEGIES, LLC** Occupation **ATTORNEY**

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

Election Cycle-to-Date **500.00**

Date of Receipt

05 / 11 / 2015

Transaction ID : **SA11AI.37946**

Amount of Each Receipt this Period

500.00

2014 General Debt Retirement

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

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

1500.00

201507150200181814

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 95
(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) PETER N HIEBERT		Date of Receipt MM / DD / YYYY 04 / 16 / 2015
Mailing Address 3207 ROLLING ROAD		Transaction ID : SA11AI.37997
City CHEVY CHASE	State Zip Code MD 20815	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WINSTON & STRAWN	Occupation ATTORNEY AT LAW	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) RACHELLE JOHNSON		Date of Receipt MM / DD / YYYY 06 / 19 / 2015
Mailing Address 4116 AMES ST NE #13		Transaction ID : SA11AI.38219
City WASHINGTON	State Zip Code DC 20002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SENATOR THAD COCHRAN	Occupation STAFF MEMBER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

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

3000.00

201507150200181815

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 95
(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)
ROBERT R. KANE

Mailing Address **202 S. TOULME ST.**

City **BAY ST. LOUIS** State **MS** Zip Code **39520**

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

Name of Employer **SELF** Occupation **REAL ESTATE BROKER & PROPERTY MAN/**

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

Election Cycle-to-Date **1000.00**

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

Transaction ID : **SA11AI.38089**

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARK KEENUM

Mailing Address **155 MORRILL RD**

City **STARKVILLE** State **MS** Zip Code **39759**

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

Name of Employer **MISSISSIPPI STATE UNIVERSITY** Occupation **PRESIDENT**

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

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
04 / 20 / 2015

Transaction ID : **SA11AI.38063**

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TED KENDALL III III

Mailing Address **P.O. BOX 96**

City **BOLTON** State **MS** Zip Code **39041**

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

Name of Employer **THE GADDIS FARMS** Occupation **FARMER**

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

Election Cycle-to-Date **500.00**

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

Transaction ID : **SA11AI.37978**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2000.00

201507150200181816

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 95
(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) J. KEITH KENNEDY		Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 3220 JUNIPER LANE		Transaction ID : SA11AI.38040	
City FALLS CHURCH	State VA	Zip Code 22044	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BAKER DONELSON		Legal Fund	
Occupation CHAIR FEDERAL PUBLIC POLICY GROUP			
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 2000.00	
B. Full Name (Last, First, Middle Initial) LYNDSEY LAMB		Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address 1164 LLOYD EUBANKS RD		Transaction ID : SA11AI.38037	
City LUCEDALE	State MS	Zip Code 39452	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer		Legal Fund	
Occupation			
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 1000.00	
C. Full Name (Last, First, Middle Initial) LEE C. LAMPTON		Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 2401		Transaction ID : SA11AI.38059	
City JACKSON	State MS	Zip Code 39225-2401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ERGON		Legal Fund	
Occupation EXECUTIVE			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional).....		3000.00	
TOTAL This Period (last page this line number only).....			

201507150200181817

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

A. Full Name (Last, First, Middle Initial) LESLIE B. LAMPTON		Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 1308		Transaction ID : SA11AI.38061	
City JACKSON	State MS	Zip Code 39215	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ERGON	Occupation EXECUTIVE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) LESLIE B. LAMPTON III		Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 2401		Transaction ID : SA11AI.38060	
City JACKSON	State MS	Zip Code 39225-2401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ERGON	Occupation EXECUTIVE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) ROBERT H. LAMPTON		Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 2401		Transaction ID : SA11AI.38057	
City JACKSON	State MS	Zip Code 39225-2401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ERGON	Occupation EXECUTIVE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional)		3000.00	
TOTAL This Period (last page this line number only)			

201507150200181818

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 29 OF 95	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) WILLIAM W. LAMPTON		Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 2401		Transaction ID : SA11AI.38058	
City JACKSON	State MS	Zip Code 39225-2401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ERGON	Occupation EXECUTIVE		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) J. PATRICK LEE		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1561 W. UNION RD		Transaction ID : SA11AI.38048	
City PICAYUNE	State MS	Zip Code 39466	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer J. PATRICK LEE CONSTRUCTION	Occupation OWNER		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 2600.00		
C. Full Name (Last, First, Middle Initial) JERRY L. LEVENS		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 20059 PINEVILLE RD		Transaction ID : SA11AI.38090	
City LONG BEACH	State MS	Zip Code 39560	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional)		4600.00	
TOTAL This Period (last page this line number only)			

201507150200181819

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 30 OF 95	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) MICHAEL LIPSKI		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 14228 WOODLAND HILLS DR		Transaction ID : SA11AI.38092	
City BILOXI	State MS	Zip Code 39532	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer HUNTINGTON INGALLS	Occupation VP		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
B. Full Name (Last, First, Middle Initial) ROBERT L. LIVINGSTON		Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 7703 NORTHDOWN RD		Transaction ID : SA11AI.38124	
City ALEXANDRIA	State VA	Zip Code 22308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer THE LIVINGSTON GROUP, LLC	Occupation CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) RYAN LONG		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address P.O. BOX 14416		Transaction ID : SA11AI.38234	
City WASHINGTON	State DC	Zip Code 20044	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer BGR GOVT AFFAIRS, LLC	Occupation PRINCIPAL		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		3000.00	
TOTAL This Period (last page this line number only).....			

201507150200181820

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

Full Name (Last, First, Middle Initial) NIKICA MALJKOVIC			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1322 ARABELLA STREET, APT A			Transaction ID : SA11AI.38046	
City NEW ORLEANS	State LA	Zip Code 70115	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer MS AMMO CO.		Occupation CHIEF ENGINEER		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: Legal Fund		Election Cycle-to-Date 1000.00		

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

201507150200181821

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) GARY G. MARCHAND			Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address 6 ROSALIE DRIVE			Transaction ID : SA11AI.38005	
City	State	Zip Code		
LONG BEACH	MS	39560		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer MEMORIAL HOSPITAL @ GULFPORT		Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) J. ALLEN MARTIN			Date of Receipt MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 10095 LAWYERS ROAD			Transaction ID : SA11AI.38127	
City	State	Zip Code		
VIENNA	VA	22181		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer THE LIVINGSTON GROUP, LLC		Occupation ASSOCIATE	2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) DON E. MASON			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 5 COLONEL WINK DR.			Transaction ID : SA11AI.38047	
City	State	Zip Code		
GULFPORT	MS	39507		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer Future Pipe Industries		Occupation Attorney	Legal Fund	
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			2000.00	
TOTAL This Period (last page this line number only).....				

201507150200181822

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 95
(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) JENNIFER W. MAVAR			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 447 SANLENAY CT			Transaction ID : SA11AI.38112	
City BILOXI	State MS	Zip Code 39531	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer N/A		Occupation HOMEMAKER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) MARK MAVAR			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 730			Transaction ID : SA11AI.38113	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer BILOXI FREEZING & PROCESSING		Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) VICTOR V. MAVAR Jr.			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1910			Transaction ID : SA11AI.38111	
City BILOXI	State MS	Zip Code 39533	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer BILOXI FREEZING		Occupation SEAFOOD PROCESSING		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

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

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

201507150200181823

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 OF 95
(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) VICTOR V. MAVAR Jr.		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 1910		Transaction ID : SA11AI.38119	
City BILOXI	State MS	Zip Code 39533	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BILOXI FREEZING	Occupation SEAFOOD PROCESSING		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
B. Full Name (Last, First, Middle Initial) NICKY MAXWELL		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 3819 ALANDALE ST		Transaction ID : SA11AI.38020	
City PASCAGOULA	State MS	Zip Code 39581	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MISSISSIPPI SECURITY POLICE	Occupation OWNER		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) GLENN L. McCULLOUGH Jr.		Date of Receipt MM / DD / YYYY 04 / 13 / 2015	
Mailing Address 245 CR 183		Transaction ID : SA11AI.37970	
City TUPELO	State MS	Zip Code 38804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer GLM ASSOCIATES, LLC	Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
SUBTOTAL of Receipts This Page (optional).....		3500.00	
TOTAL This Period (last page this line number only).....			

201507150200181824

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) AIMEE MCLENDON			Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 423 DEJEAN COVE			Transaction ID : SA11AI.37957	
City	State	Zip Code		
BILOXI	MS	39531		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2000.00	
Name of Employer N/A			Occupation HOMEMAKER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2000.00	
B. Full Name (Last, First, Middle Initial) JONATHAN MCLENDON			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 423 DE JEAN COVE			Transaction ID : SA11AI.38115	
City	State	Zip Code		
BILOXI	MS	39531		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2000.00	
Name of Employer M&M PROCESSING, LLC			Occupation PRESIDENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2000.00	
C. Full Name (Last, First, Middle Initial) PETER MCPHERSON			Date of Receipt MM / DD / YYYY 05 / 01 / 2015	
Mailing Address 8329 WELLER AVE			Transaction ID : SA11AI.37961	
City	State	Zip Code		
MCLEAN	VA	22102		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer ASSN OF PUBLIC & LAND GRANT UN			Occupation PRESIDENT	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)			4500.00	
TOTAL This Period (last page this line number only)				

201507150200181825

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
L. BRUCE NEWTON
Mailing Address 4543 MENGE AVE.

City State Zip Code
PASS CHRISTIAN MS 39571

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIGITAL ENGINEERING

Occupation
EXEC VP

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SA11AI.38101

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JEREMIAH O'KEEFE
Mailing Address 510 BEACH BLVD

City State Zip Code
BILOXI MS 39530

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SA11AI.38116

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
SEAN O'KEEFE
Mailing Address 43385 BALLANTINE PLACE

City State Zip Code
ASHBURN VA 20147

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIRBUS GROUP

Occupation
EXECUTIVE

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SA11AI.38217

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 95
(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. J. M. OUSTALET III			Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 9274 HWY 49			Transaction ID : SA11AI.38022	
City GULFPORT	State MS	Zip Code 39503	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Name of Employer BUTCH OUSTALET INC		
Occupation CAR DEALER		Election Cycle-to-Date 1000.00		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				

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

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

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

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

5600.00

201507150200181827

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 38 OF 95	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

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

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

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

1250.00

201507150200181828

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) ROLAND SAMSON III		Date of Receipt MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 7468 LIVE OAK WAY		Transaction ID : SA11AI.38024	
City PASS CHRISTIAN	State MS	Zip Code 39571	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SAMSON & POWERS, PLLC	Occupation ATTORNEY		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) JOE F. SANDERSON Jr.		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 988		Transaction ID : SA11AI.37981	
City LAUREL	State MS	Zip Code 39441	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SANDERSON FARMS	Occupation CHAIRMAN/CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
C. Full Name (Last, First, Middle Initial) KATHERINE L. SANDERSON		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 1005 W. 15TH ST		Transaction ID : SA11AI.37982	
City LAUREL	State MS	Zip Code 39440	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation HOMEMAKER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
SUBTOTAL of Receipts This Page (optional).....		6000.00	
TOTAL This Period (last page this line number only).....			

201507150200181829

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. SANTA YNEZ BAND OF MISSION INDIANS

Mailing Address P.O. BOX 517

City State Zip Code
SANTA YNEZ CA 93460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11AI.38255

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. THOMAS W SAWYER

Mailing Address 414 EAST SECOND ST

City State Zip Code
PASS CHRISTIAN MS 39571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BEECHER CARLSON

BROKER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SA11AI.38099

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GEORGE A. SCHLOEGEL

Mailing Address 800 COMMERCE STREET

City State Zip Code
GULFPORT MS 39507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HANCOCK BANK

COMMERCIAL BANKER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : SA11AI.37998

Amount of Each Receipt this Period

500.00

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

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JOHN SCIALDONE			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address P.O. BOX 4080			Transaction ID : SA11AI.38096	
City	State	Zip Code		
GULFPORT	MS	39502		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2600.00	
Name of Employer FOWLER RODRIGUEZ VALDES-FAULI			Occupation ATTORNEY	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2600.00	
B. Full Name (Last, First, Middle Initial) WYNN SEEMANN			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 25258 NOTRE DAMES			Transaction ID : SA11AI.38103	
City	State	Zip Code		
PASS CHRISTIAN	MS	39571		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED			Occupation EDUCATOR	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
C. Full Name (Last, First, Middle Initial) WILLIAM SEEMANN III			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 25258 NOTRE DAMES			Transaction ID : SA11AI.38100	
City	State	Zip Code		
PASS CHRISTIAN	MS	39571		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2600.00	
Name of Employer SEEMANN COMPOSITES			Occupation PRESIDENT/MANAGER	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2600.00	
SUBTOTAL of Receipts This Page (optional).....			5700.00	
TOTAL This Period (last page this line number only).....				

201507150200181831

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

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

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

201507150200181832

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 43 OF 95	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) Mrs. PETER SKRMETTA Mailing Address 240 IROQUOIS ST City BILOXI State MS Zip Code 39530 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation RETIRED Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date 500.00		Date of Receipt MM / DD / YYYY 05 / 11 / 2015 Transaction ID : SA11AI.37955 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) JOHN B. SNEED Mailing Address 141 BAYOU CIRCLE City GULFPORT State MS Zip Code 39507 FEC ID number of contributing federal political committee. C Name of Employer STEWART SNEED HEWES Occupation INSURANCE AGENT Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date 2000.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : SA11AI.38104 Amount of Each Receipt this Period 2000.00
C. Full Name (Last, First, Middle Initial) Dr. MOBASHIR SOLANGI Mailing Address 8288 JENNIFER LANE City LONG BEACH State MS Zip Code 39560 FEC ID number of contributing federal political committee. C Name of Employer MARINE LIFE OCEANARIUM Occupation PRESIDENT & CEO Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Election Cycle-to-Date 1000.00		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : SA11AI.38105 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		3500.00

201507150200181833

SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) JEFFREY T. STEINER			Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 309 E. SCENIC DR			Transaction ID : SA11AI.38106	
City	State	Zip Code		
PASS CHRISTIAN	MS	39571		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1000.00	
Name of Employer GULFPORT MEMORIAL HOSPITAL			Occupation CFO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 1000.00	
B. Full Name (Last, First, Middle Initial) BEN H. STONE			Date of Receipt MM / DD / YYYY 04 / 28 / 2015	
Mailing Address P.O. BOX 130			Transaction ID : SA11AI.38010	
City	State	Zip Code		
GULFPORT	MS	39502		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2000.00	
Name of Employer BALCH & BINGHAM LLP			Occupation ATTORNEY AT LAW	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2000.00	
C. Full Name (Last, First, Middle Initial) MILTON SUNDBECK			Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address P.O. BOX 1217			Transaction ID : SA11AI.38064	
City	State	Zip Code		
WEST POINT	MS	39773		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2000.00	
Name of Employer SOUTHERN IONICS			Occupation PRES/CEO	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2000.00	
SUBTOTAL of Receipts This Page (optional).....			5000.00	
TOTAL This Period (last page this line number only).....				

201507150200181834

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

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

Full Name (Last, First, Middle Initial) SYCUAN BAND OF THE KUMEYAAAY NATION		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 2 KWAAYPAAY COURT		Transaction ID : SA11AI.38259
City EL CAJON	State CA	Zip Code 92019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

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

201507150200181835

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

A. Full Name (Last, First, Middle Initial)
WILLIAM J. VAN DEVENDER
Mailing Address **P.O. BOX 5327**

City State Zip Code
JACKSON MS 39296

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN TIMBER VENTURE, LLC

Occupation
PRESIDENT

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

04 / 15 / 2015

Transaction ID : **SA11AI.37986**

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
H. STEWART VAN SCOYOC
Mailing Address **131 YARNICK ROAD**

City State Zip Code
GREAT FALLS VA 22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
VAN SCOYOC & ASSOC

Occupation
PRESIDENT

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : **SA11AI.38170**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
LEE VOULTERS
Mailing Address **927 E. SCENIC DR**

City State Zip Code
PASS CHRISTIAN MS 39571

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
NEUROLOGIST

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

04 / 15 / 2015

Transaction ID : **SA11AI.38108**

Amount of Each Receipt this Period

1000.00

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

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

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

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

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

201507150200181837

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

MITCHELL WALDMAN

Mailing Address **7414 DOROTHY COURT**

City

SPRINGFIELD

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUNTINGTON INGALLS INDUSTRIES

Occupation

CORP VP

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

05 / 11 / 2015

Transaction ID : **SA11AI.37945**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

BRENT WARR

Mailing Address **1814 BEACH DR**

City

GULFPORT

State

MS

Zip Code

39507

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

BUSINESSMAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

04 / 15 / 2015

Transaction ID : **SA11AI.38110**

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

RICHARD B. WAX

Mailing Address **POST OFFICE BOX 60**

City

AMORY

State

MS

Zip Code

38821

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE WAX COMPANY, LLC

Occupation

PRESIDENT

Receipt For: 2020

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

Election Cycle-to-Date

2600.00

Date of Receipt

04 / 20 / 2015

Transaction ID : **SA11AI.38036**

Amount of Each Receipt this Period

2600.00

Legal Fund

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

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

5700.00

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) RICHARD B. WAX		Date of Receipt MM / DD / YYYY 04 / 20 / 2015	
Mailing Address POST OFFICE BOX 60		Transaction ID : SA11AI.38062	
City AMORY	State MS	Zip Code 38821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer THE WAX COMPANY, LLC	Occupation PRESIDENT		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5300.00		
B. Full Name (Last, First, Middle Initial) MICHAEL D. WHATLEY		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 120 SUMMER BREEZE LANE		Transaction ID : SA11AI.38226	
City FREDERICKSBURG	State VA	Zip Code 22406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer HBW RESOURCES	Occupation CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other: GenDebt14	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) ERIC WOMBLE		Date of Receipt MM / DD / YYYY 04 / 15 / 2015	
Mailing Address 18 SAUVOLLE CT.		Transaction ID : SA11AI.38109	
City OCEAN SPRINGS	State MS	Zip Code 39564	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Northrop Grumman	Occupation Business Development Manager		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional)		5700.00	
TOTAL This Period (last page this line number only)			

201507150200181839

SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

City State Zip Code
WASHINGTON DC 20044

FEC ID number of contributing
federal political committee.

C

Name of Employer
BGR GOV'T AFFAIRS, LLC

Occupation
PRESIDENT

Receipt For: 2014

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

Election Cycle-to-Date

500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : **SA11AI.38230**

Amount of Each Receipt this Period

500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

B. 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)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

500.00

154525.00

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

A. Full Name (Last, First, Middle Initial) ACCENTURE INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 05 / 26 / 2015	
Mailing Address 800 Connecticut Avenue NW Suite 600		Transaction ID : SA11C.38155	
City Washington	State DC	Zip Code 20006	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 2500.00	
B. Full Name (Last, First, Middle Initial) AIRBUS GROUP, INC. PAC		Date of Receipt MM / DD / YYYY 06 / 29 / 2015	
Mailing Address 2550 WASSER TERRACE SUITE 9000		Transaction ID : SA11C.38208	
City HERNDON	State VA	Zip Code 20171	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
C. Full Name (Last, First, Middle Initial) AKIN, GUMP, STRAUSS, HAUER & FELD LLP CIVIC ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 22 / 2015	
Mailing Address 1333 NEW HAMPSHIRE AVE/NW STE 400		Transaction ID : SA11C.38210	
City WASHINGTON	State DC	Zip Code 20036	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00	
Name of Employer		Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 750.00	
SUBTOTAL of Receipts This Page (optional).....		4250.00	
TOTAL This Period (last page this line number only).....			

201507150200181841

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

Mailing Address **225 N MICHIGAN AVE SUITE 1700**

City State Zip Code
CHICAGO IL 60601

FEC ID number of contributing federal political committee. **C C00486928**

Name of Employer Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : **SA11C.38235**

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

Mailing Address **111 K STREET NE
9TH FLOOR**

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00004879**

Name of Employer Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

05 / 26 / 2015

Transaction ID : **SA11C.38154**

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

Mailing Address **260 MADISON AVENUE 4TH FLOOR**

City State Zip Code
NEW YORK NY 10016

FEC ID number of contributing federal political committee. **C C00441808**

Name of Employer Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : **SA11C.38237**

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

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

3000.00

201507150200181842

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

A. Mailing Address **520 N. NORTHWEST HIGHWAY**

City State Zip Code
PARK RIDGE IL 60068

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

Name of Employer Occupation

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

Election Cycle-to-Date
5000.00

Date of Receipt

04 / 28 / 2015

Transaction ID : **SA11C.38013**

Amount of Each Receipt this Period

5000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

B. **ARPAC**
Mailing Address **451 FLORIDA STREET**

BANK ONE CENTRE N TOWER 19TH FLOOR

City State Zip Code
BATON ROUGE LA 70801

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

Name of Employer Occupation

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

Election Cycle-to-Date
1000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : **SA11C.38251**

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

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

City State Zip Code
WASHINGTON DC 20036

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

Name of Employer Occupation

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

Election Cycle-to-Date
1500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : **SA11C.38239**

Amount of Each Receipt this Period

1500.00

2014 General Debt Retirement

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

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

7500.00

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FOR LINE NUMBER:		PAGE 54 OF 95	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)
BABCOCK & WILCOX COMPANY GOOD GOVERNMENT FUND; THE
Mailing Address 2016 MT ATHOS ROAD

City State Zip Code
LYNCHBURG VA 24504

FEC ID number of contributing federal political committee. **C** C00063461

Name of Employer Occupation

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

Election Cycle-to-Date
4000.00

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

Transaction ID : SA11C.38162

Amount of Each Receipt this Period

4000.00

2014 General Debt Retirement

B. Full Name (Last, First, Middle Initial)
BACARDI U S A INC POLITICAL ACTION COMMITTEE
Mailing Address 2701 LE JEUNE ROAD

City State Zip Code
CORAL GABLES FL 33134

FEC ID number of contributing federal political committee. **C** C00160838

Name of Employer Occupation

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

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11C.38243

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

C. Full Name (Last, First, Middle Initial)
BAE SYS NORTH AMER INC PAC (BAE SYS USA PAC) FKA MARCONI N-AMER INC PAC (MARCONI USA PAC)
Mailing Address 1215 JEFFERSON DAVIS HWY STE 1500

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

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

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2015

Transaction ID : SA11C.38173

Amount of Each Receipt this Period

1000.00

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

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

6000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 55 OF 95	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) BAKER DONELSON		Date of Receipt MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 901 K STREET N.W.		Transaction ID : SA11C.38175	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		
B. Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE		Date of Receipt MM / DD / YYYY 04 / 07 / 2015	
Mailing Address 220 1/2 E ST., NE		Transaction ID : SA11C.37964	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00235655			
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		
C. Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE		Date of Receipt MM / DD / YYYY 04 / 07 / 2015	
Mailing Address 220 1/2 E ST., NE		Transaction ID : SA11C.38031	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C C00235655			
Name of Employer	Occupation		
Receipt For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund	Election Cycle-to-Date 10000.00		
SUBTOTAL of Receipts This Page (optional)		13000.00	
TOTAL This Period (last page this line number only)			

201507150200181845

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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<input 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)
BURSON-MARSTELLER/YOUNG & RUBICAM PAC (B-M/Y&R PAC) FKA BURSON-MARSTELLER PAC

A. Mailing Address 1801 K STREET NW SUITE 901-L

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing
federal political committee.

C C00201863

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SA11C.38209

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
CALGON CARBON CORPORATION PAC INC DBA CCC PAC OR CALGON CARBON PAC

B. Mailing Address 400 CALGON CARBON DRIVE

City State Zip Code
PITTSBURGH PA 15205

FEC ID number of contributing
federal political committee.

C C00543876

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : SA11C.37965

Amount of Each Receipt this Period

1000.00

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

C. Mailing Address 1221 BROADWAY

City State Zip Code
OAKLAND CA 94612

FEC ID number of contributing
federal political committee.

C C00062224

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

MM / DD / YYYY
05 / 11 / 2015

Transaction ID : SA11C.37944

Amount of Each Receipt this Period

1500.00

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

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

3500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 57 OF 95	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) CON-WAY INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 2211 OLD EARHART ROAD SUITE 100		Transaction ID : SA11C.38241
City ANN ARBOR	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C C00110759	Amount of Each Receipt this Period 1000.00 2014 General Debt Retirement	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) CRAY INC EMPLOYEE POLITICAL ACTION COMMITTEE AKA (CRAY PAC)		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 241 18TH STREET SUITE 610		Transaction ID : SA11C.38236
City ARLINGTON	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C C00458547	Amount of Each Receipt this Period 1000.00 2014 General Debt Retirement	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC		Date of Receipt MM / DD / YYYY 05 / 22 / 2015
Mailing Address 316 PENNSLYVANIA AVE SE SUITE 401		Transaction ID : SA11C.38149
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C C00503680	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

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

3000.00

201507150200181847

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 58 OF 95	
(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)
CSX CORP GOOD GOVT FUND

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

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing
federal political committee.

C **C00163832**

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

04 / 20 / 2015

Transaction ID : **SA11C.38071**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

CYBERONICS INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **100 CYBERONICS BOULEVARD**

City **HOUSTON** State **TX** Zip Code **77058**

FEC ID number of contributing
federal political committee.

C **C00481291**

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1500.00

Date of Receipt

06 / 30 / 2015

Transaction ID : **SA11C.38244**

Amount of Each Receipt this Period

1500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')

Mailing Address **601 HAWAII STREET**

City **EL SEGUNDO** State **CA** Zip Code **90245**

FEC ID number of contributing
federal political committee.

C **C00340943**

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2000.00

Date of Receipt

06 / 16 / 2015

Transaction ID : **SA11C.38172**

Amount of Each Receipt this Period

2000.00

2014 General Debt Retirement

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

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

8500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 OF 95
(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)

DEFEND AMERICA PAC

Mailing Address POST OFFICE BOX 2626

City State Zip Code
TUSCALOOSA AL 35403

FEC ID number of contributing
federal political committee.

C C00325993

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

MEM / DDD / YYYYYY
06 15 2015

Transaction ID : SA11C.38174

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

DEFEND AMERICA PAC

Mailing Address POST OFFICE BOX 2626

City State Zip Code
TUSCALOOSA AL 35403

FEC ID number of contributing
federal political committee.

C C00325993

Name of Employer

Occupation

Receipt For: 2020

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

Election Cycle-to-Date

10000.00

Date of Receipt

MEM / DDD / YYYYYY
06 15 2015

Transaction ID : SA11C.38177

Amount of Each Receipt this Period

5000.00

Legal Fund

Full Name (Last, First, Middle Initial)

DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address 5 Sylvan Way
SUITE 500

City State Zip Code
Parsippany NJ 07054

FEC ID number of contributing
federal political committee.

C C00275123

Name of Employer

Occupation

Receipt For: 2020

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

Election Cycle-to-Date

1000.00

Date of Receipt

MEM / DDD / YYYYYY
06 01 2015

Transaction ID : SA11C.38164

Amount of Each Receipt this Period

1000.00

Legal Fund

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

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

11000.00

201507150200181849

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW SUITE 900

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00193631

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SA11C.38073

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NW SUITE 900

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing
federal political committee.

C C00193631

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SA11C.38074

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)

Mailing Address 3620 HACKS CROSSING ROAD

City State Zip Code
MEMPHIS TN 38125

FEC ID number of contributing
federal political committee.

C C00068692

Name of Employer

Occupation

Receipt For: 2020

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

Election Cycle-to-Date

5000.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11C.38223

Amount of Each Receipt this Period

5000.00

Legal Fund

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

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

8500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 61 OF 95	
(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)
FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)

Mailing Address 3620 HACKS CROSSING ROAD

City	State	Zip Code
MEMPHIS	TN	38125

FEC ID number of contributing federal political committee.

C C00068692

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11C.38240

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)
FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 115 SOUTH LOPEZ DRAWER 1208

City	State	Zip Code
CLEWISTON	FL	33440

FEC ID number of contributing federal political committee.

C C00012328

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11C.38238

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)
GAVILON AGRICULTURE INVESTMENT INC POLITICAL ACTION COMMITTEE (GAVPAC)

Mailing Address 11 CONAGRA DRIVE

City	State	Zip Code
OMAHA	NE	68102

FEC ID number of contributing federal political committee.

C C00549873

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2500.00

Date of Receipt

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : SA11C.37980

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

8500.00

201507150200181851

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : SA11C.38161

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

Mailing Address 3190 FAIRVIEW PARK DRIVE

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

2000.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11C.38253

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

Mailing Address 11355 W. OLYMPIC BLVD. 8TH FLOOR

City State Zip Code
LOS ANGELES CA 90064

FEC ID number of contributing
federal political committee.

C C00145342

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2015

Transaction ID : SA11C.38150

Amount of Each Receipt this Period

1000.00

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

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

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 63 OF 95	
(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) JONES WALKER L.L.P.		Date of Receipt MM / DD / YYYY 05 / 22 / 2015	
Mailing Address 201 ST. CHARLES AVENUE 49TH FLOOR		Transaction ID : SA11C.38148	
City NEW ORLEANS	State LA	Zip Code 70170	
FEC ID number of contributing federal political committee. C C00111534		Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND		Date of Receipt MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 700 MARITIME BLVD		Transaction ID : SA11C.38160	
City LINTHICUM HEIGHTS	State MD	Zip Code 21090	
FEC ID number of contributing federal political committee. C C00073056		Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 2111 MCDONALDS DR DEPT 213		Transaction ID : SA11C.38250	
City OAK BROOK	State IL	Zip Code 60523	
FEC ID number of contributing federal political committee. C C00063164		Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	

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

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

3500.00

201507150200181853

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 OF 95
(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)
MISSISSIPPI POWER COMPANY FEDERAL PAC A/K/A/ MS PWR CO. EMPLOYEES' COMM. FOR RESP FED GOV

A. Mailing Address 2992 WEST BEACH BLVD

City State Zip Code
GULFPORT MS 39502

FEC ID number of contributing
federal political committee.

C C00144147

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : SA11C.37991

Amount of Each Receipt this Period

5000.00

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

B. Mailing Address 2992 WEST BEACH BLVD

City State Zip Code
GULFPORT MS 39502

FEC ID number of contributing
federal political committee.

C C00144147

Name of Employer

Occupation

Receipt For: 2020

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

Election Cycle-to-Date

10000.00

Date of Receipt

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : SA11C.38033

Amount of Each Receipt this Period

5000.00

Legal Fund

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

C. Mailing Address POST OFFICE BOX 332

City State Zip Code
STILLWATER OK 74076

FEC ID number of contributing
federal political committee.

C C00241000

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : SA11C.38156

Amount of Each Receipt this Period

1000.00

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

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

11000.00

201507150200181854

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

A. Mailing Address 1015 FIFTEENTH STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

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

Election Cycle-to-Date
2500.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SA11C.38252

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

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

Mailing Address P.O. Box 2995

City State Zip Code
Cordova TN 38088

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

Name of Employer Occupation

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

Election Cycle-to-Date
3500.00

Date of Receipt

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SA11C.38001

Amount of Each Receipt this Period

2500.00

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

Mailing Address 4201 N INTERSTATE 27

City State Zip Code
LUBBOCK TX 79403

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

Name of Employer Occupation

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

Election Cycle-to-Date
1000.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2015

Transaction ID : SA11C.38151

Amount of Each Receipt this Period

1000.00

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

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

6000.00

201507150200181855

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 66 OF 95

<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

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

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

City Warrenville State IL Zip Code 60555

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

Name of Employer Occupation

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

Election Cycle-to-Date 2000.00

Date of Receipt

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : SA11C.38133

Amount of Each Receipt this Period

1000.00

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

Mailing Address THREE COMMERCIAL PLACE

City NORFOLK State VA Zip Code 23510

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

Name of Employer Occupation

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

Election Cycle-to-Date 5000.00

Date of Receipt

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : SA11C.38002

Amount of Each Receipt this Period

5000.00

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

Mailing Address 317 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

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

Name of Employer Occupation

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

Election Cycle-to-Date 2500.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : SA11C.38191

Amount of Each Receipt this Period

2500.00

2014 General Debt Retirement

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

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

8500.00

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201507150200181856

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 OF 95
(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)
RADIANCE TECHNOLOGIES INC. POLITICAL ACTION COMMITTEE

Mailing Address 350 WYNN DR.

City State Zip Code
HUNTSVILLE AL 35805

FEC ID number of contributing
federal political committee.

C C00372979

Name of Employer

Occupation

Receipt For: 2020

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

Election Cycle-to-Date

5000.00

Date of Receipt

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SA11C.38034

Amount of Each Receipt this Period

5000.00

Legal Fund

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

Mailing Address P.O. BOX 50193

City State Zip Code
SPARKS NV 89434

FEC ID number of contributing
federal political committee.

C C00367995

Name of Employer

Occupation

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : SA11C.38163

Amount of Each Receipt this Period

1000.00

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

Mailing Address 1030 15TH STREET, NW
SUITE 220 E

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00411116

Name of Employer

Occupation

Receipt For: 2014

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

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : SA11C.37942

Amount of Each Receipt this Period

1000.00

2014 General Debt Retirement

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

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

7000.00

201507150200181857

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 68 OF 95	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial) TACO POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 6405 METCALF AVENUE SUITE 503		Transaction ID : SA11C.38176	
City SHAWNEE MISSION	State KS	Zip Code 66202	Amount of Each Receipt this Period 1000.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C C00330118			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS' INC		Date of Receipt MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 430 FIRST STREET SE 2ND FLOOR		Transaction ID : SA11C.38249	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00002881			
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) VT HALTER MARINE INC POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 05 / 11 / 2015	
Mailing Address 900 BAYOU CASOTTE PARKWAY		Transaction ID : SA11C.37943	
City PASCAGOULA	State MS	Zip Code 39581	Amount of Each Receipt this Period 1000.00 2014 General Debt Retirement
FEC ID number of contributing federal political committee. C C00321802			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14	Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional).....		3000.00	
TOTAL This Period (last page this line number only).....			

201507150200181858

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 69 OF 95	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) WINE INSTITUTE POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 05 / 22 / 2015	
Mailing Address 607 14th Street NW Suite 800		Transaction ID : SA11C.38147	
City Washington	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C C00065219		Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	Legal Fund	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other-Legal Fund		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) WINSTON & STRAWN POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 04 / 16 / 2015	
Mailing Address 1400 L ST NW		Transaction ID : SA11C.37992	
City WASHINGTON	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C C00282921		Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) WOOLPERT, INC. PAC		Date of Receipt MM / DD / YYYY 05 / 01 / 2015	
Mailing Address 4454 IDEA CENTER BLVD.		Transaction ID : SA11C.37960	
City DAYTON	State OH	Zip Code 45430	
FEC ID number of contributing federal political committee. C C00479899		Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation	2014 General Debt Retirement	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other:GenDebt14		Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	131250.00

201507150200181859

**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. ALLIANCE BUSINESS SERVICES

Mailing Address 109 E. STATE STREET

City State Zip Code
RIDGELAND MS 39157

Purpose of Disbursement
Printing - Fundraiser invitations

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Amount of Each Disbursement this Period

1358.89

Transaction ID : SB17.37918

B. BANK OF NEW ALBANY

Mailing Address P.O. BOX 811

City State Zip Code
NEW ALBANY MS 38652

Purpose of Disbursement
Interest

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2015

Amount of Each Disbursement this Period

2979.40

Transaction ID : SB17.37938

C. BREAZEALE SAUNDERS & O'NEIL LTD

Mailing Address P.O. BOX 80

City State Zip Code
JACKSON MS 39205

Purpose of Disbursement
Accounting services

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Amount of Each Disbursement this Period

80.01

Transaction ID : SB17.37931

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

4418.30

201507150200181860

**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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. BREAZEAL SAUNDERS & O'NEIL LTD		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address P.O. BOX 80		Amount of Each Disbursement this Period 205.00 Transaction ID : SB17.38167
City JACKSON	State MS	
Zip Code 39205		
Purpose of Disbursement Accounting Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BREAZEAL SAUNDERS & O'NEIL LTD		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address P.O. BOX 80		Amount of Each Disbursement this Period 76.88 Transaction ID : SB17.38194
City JACKSON	State MS	
Zip Code 39205		
Purpose of Disbursement Accounting Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BROCK DEATON LAW FIRM		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address P.O. BOX 1726		Amount of Each Disbursement this Period 606.15 Transaction ID : SB17.37922
City TUPELO	State MS	
Zip Code 38802		
Purpose of Disbursement Accounting/Administrative Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

888.03

201507150200181861

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. BROCK DEATON LAW FIRM

Mailing Address P.O. BOX 1726

City State Zip Code
TUPELO MS 38802

Purpose of Disbursement
Accounting/Administrative Services

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Amount of Each Disbursement this Period

817.20

Transaction ID : SB17.37934

Full Name (Last, First, Middle Initial)

B. BROCK DEATON LAW FIRM

Mailing Address P.O. BOX 1726

City State Zip Code
TUPELO MS 38802

Purpose of Disbursement
Accounting/Administrative

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Amount of Each Disbursement this Period

697.48

Transaction ID : SB17.38166

Full Name (Last, First, Middle Initial)

C. BUTLER SNOW

Mailing Address P.O. BOX 6010

City State Zip Code
RIDGELAND MS 39158

Purpose of Disbursement
Legal fees

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2015

Amount of Each Disbursement this Period

25000.00

Transaction ID : SB17.37941

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

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

26514.68

201507150200181862

**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. CARDMEMBER SERVICE

Mailing Address P.O. BOX 790408

City State Zip Code
ST. LOUIS MO 63179-0408

Purpose of Disbursement
See credit memos

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Amount of Each Disbursement this Period

1221.45

Transaction ID : SB17.38140

B. CARDMEMBER SERVICE

Mailing Address P.O. BOX 790408

City State Zip Code
ST. LOUIS MO 63179-0408

Purpose of Disbursement
See Credit Memos

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Amount of Each Disbursement this Period

292.43

Transaction ID : SB17.38195

C. CARDMEMBER SERVICE

Mailing Address P.O. BOX 790408

City State Zip Code
ST. LOUIS MO 63179-0408

Purpose of Disbursement
See Credit Memos

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Amount of Each Disbursement this Period

65.99

Transaction ID : SB17.38196

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1579.87

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

Use separate schedule(s)
for each category of the
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

Full Name (Last, First, Middle Initial)

A. DAVID CLANTON

Mailing Address P.O. BOX 463

City State Zip Code
MEADVILLE MS 39653

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.38200

Full Name (Last, First, Middle Initial)

B. THAD COCHRAN

Mailing Address 386A HWY 7 S

City State Zip Code
OXFORD MS 38655

Purpose of Disbursement
Expense reimbursement - air fare, rental car

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify)

State: MS District: 00

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Amount of Each Disbursement this Period

1068.53

Transaction ID : SB17.37928

Full Name (Last, First, Middle Initial)

C. THAD COCHRAN

Mailing Address 386A HWY 7 S

City State Zip Code
OXFORD MS 38655

Purpose of Disbursement
Expense reimbursement - wedding gift/postage

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify)

State: MS District: 00

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Amount of Each Disbursement this Period

484.50

Transaction ID : SB17.37930

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

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

4053.03

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

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. CREATIVE GIFT PACKAGING

Mailing Address 763 HWY 221A

City State Zip Code
FOREST CITY NC 28043

Purpose of Disbursement
Gift packaging material

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Amount of Each Disbursement this Period

65.99

Transaction ID : SB17.38206

[MEMO ITEM]

B. C SPIRE WIRELESS

Mailing Address P.O. BOX 519

City State Zip Code
MEADVILLE MS 39653

Purpose of Disbursement
Cell phone service

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Amount of Each Disbursement this Period

324.50

Transaction ID : SB17.37919

C. FCCI INSURANCE GROUP

Mailing Address 6300 UNIVERSITY PARKWAY

City State Zip Code
SARASOTA FL 34240

Purpose of Disbursement
Insurance

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Amount of Each Disbursement this Period

30.15

Transaction ID : SB17.38165

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

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

354.65

201507150200181865

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code
MEMPHIS TN 38101

Purpose of Disbursement
Delivery

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Amount of Each Disbursement this Period

36.59

Transaction ID : SB17.37920

B. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code
MEMPHIS TN 38101

Purpose of Disbursement
Delivery charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Amount of Each Disbursement this Period

298.86

Transaction ID : SB17.38141

C. FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code
MEMPHIS TN 38101

Purpose of Disbursement
Delivery Charges

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Amount of Each Disbursement this Period

33.36

Transaction ID : SB17.38193

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

368.81

201507150200181866

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

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

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NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. FRONTIER STRATEGIES

Mailing Address P.O. BOX 13292

City JACKSON State MS Zip Code 39236

Purpose of Disbursement
Media Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.37933

B. FRONTIER STRATEGIES

Mailing Address P.O. BOX 13292

City JACKSON State MS Zip Code 39236

Purpose of Disbursement
Media Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2015

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.38182

C. LOU'S FULL SERV NEIGHBORHOOD KITCHEN

Mailing Address 904B E. FORTIFICATION ST.

City JACKSON State MS Zip Code 39202

Purpose of Disbursement
Meal

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Amount of Each Disbursement this Period

79.95

Transaction ID : SB17.38204

[MEMO ITEM]

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

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. NAUTILUS PUBLISHING

Mailing Address 426 S. LAMAR BLVD.
 SUITE 16

City State Zip Code
 OXFORD MS 38655

Purpose of Disbursement
 Hospitality - Books For Luncheon

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
 06 / 18 / 2015

Amount of Each Disbursement this Period

405.00

Transaction ID : SB17.38197

Category/
Type

Full Name (Last, First, Middle Initial)

B. NEVADA BOB'S

Mailing Address 4800 I-55 N. SUITE 12

City State Zip Code
 JACKSON MS 39211

Purpose of Disbursement
 Event expenses - golf tournament

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
 05 / 18 / 2015

Amount of Each Disbursement this Period

3443.86

Transaction ID : SB17.38135

Category/
Type

Full Name (Last, First, Middle Initial)

C. NEVADA BOB'S

Mailing Address 4800 I-55 N. SUITE 12

City State Zip Code
 JACKSON MS 39211

Purpose of Disbursement
 Event expenses - golf tournament

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
 05 / 18 / 2015

Amount of Each Disbursement this Period

3443.87

Transaction ID : SB17.38139

Category/
Type

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

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

7292.73

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

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

Full Name (Last, First, Middle Initial)

A. OLD WAVERLY GOLF CLUB

Mailing Address ONE MAGNOLIA DRIVE

City WEST POINT State MS Zip Code 39773

Purpose of Disbursement
Event expenses - golf tournament

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Amount of Each Disbursement this Period

4553.41

Transaction ID : SB17.38137

Full Name (Last, First, Middle Initial)

B. OLD WAVERLY GOLF CLUB

Mailing Address ONE MAGNOLIA DRIVE

City WEST POINT State MS Zip Code 39773

Purpose of Disbursement
Event expenses - golf tournament

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Amount of Each Disbursement this Period

4553.41

Transaction ID : SB17.38138

Full Name (Last, First, Middle Initial)

C. SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Wedding gift

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Amount of Each Disbursement this Period

380.00

Transaction ID : SB17.38142

[MEMO ITEM]

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

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

9106.82

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2015

Amount of Each Disbursement this Period

75.70

Transaction ID : SB17.38029

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2015

Amount of Each Disbursement this Period

1.05

Transaction ID : SB17.38030

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2015

Amount of Each Disbursement this Period

15.53

Transaction ID : SB17.38189

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

92.28

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2015

A. STRIPE

Mailing Address 3180 18TH ST

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.38221

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

B. STRIPE

Mailing Address 3180 18TH ST

Amount of Each Disbursement this Period

43.80

Transaction ID : SB17.38222

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

C. STRIPE

Mailing Address 3180 18TH ST

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.38264

City State Zip Code
SAN FRANCISCO CA 94110

Purpose of Disbursement
Processing Fee - Online Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

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

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

87.90

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

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

A. THE ALMANETT HOTEL Full Name (Last, First, Middle Initial) Mailing Address 1514 18TH AVE. City GULFPORT State MS Zip Code 39501 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 05 / 22 / 2015 Amount of Each Disbursement this Period 212.48 Transaction ID : SB17.38202 [MEMO ITEM]
B. U.S. SENATE RESTAURANT Full Name (Last, First, Middle Initial) Mailing Address 1ST & C STREET N.E. City WASHINGTON State DC Zip Code 20510 Purpose of Disbursement Meal/Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 04 / 16 / 2015 Amount of Each Disbursement this Period 339.00 Transaction ID : SB17.38143 [MEMO ITEM]
C. U.S. SENATE RESTAURANT Full Name (Last, First, Middle Initial) Mailing Address 1ST & C STREET N.E. City WASHINGTON State DC Zip Code 20510 Purpose of Disbursement Meal/Meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 04 / 22 / 2015 Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.38144 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Period (last page this line number only)			0.00

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

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

Full Name (Last, First, Middle Initial) A. U.S. SENATE RESTAURANT		Date of Disbursement MM / DD / YYYY 04 / 22 / 2015	
Mailing Address 1ST & C STREET N.E.		Amount of Each Disbursement this Period 402.45	
City WASHINGTON	State DC	Zip Code 20510	Transaction ID : SB17.38145 [MEMO ITEM]
Purpose of Disbursement Meal/Meeting	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. KAY WEBBER		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015	
Mailing Address 218 MARYLAND AVENUE, N.E.		Amount of Each Disbursement this Period 575.35	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.37929
Purpose of Disbursement Expense reimbursement - travel to fundraiser	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. WINFREY & COMPANY		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015	
Mailing Address 516 N. WASHINGTON ST		Amount of Each Disbursement this Period 1674.24	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.37921
Purpose of Disbursement Fundraising Consultant	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

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

2249.59

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

201507150200181873

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

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

Full Name (Last, First, Middle Initial) A. WINFREY & COMPANY		Date of Disbursement MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 516 N. WASHINGTON ST		Amount of Each Disbursement this Period 2352.96	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.38146
Purpose of Disbursement Fundraising Consultant	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. WINFREY & COMPANY		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 516 N. WASHINGTON ST		Amount of Each Disbursement this Period 5055.16	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.38192
Purpose of Disbursement Fundraising Consultant	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	
Purpose of Disbursement	Category/ Type		
Candidate Name			
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).....

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

7408.12

70414.81

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

A. BANK OF NEW ALBANY Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 811 City NEW ALBANY State MS Zip Code 38652 Purpose of Disbursement Loan payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 04 / 15 / 2015 Amount of Each Disbursement this Period 70000.00 Transaction ID : SB19A.37926
B. BANK OF NEW ALBANY Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 811 City NEW ALBANY State MS Zip Code 38652 Purpose of Disbursement Loan payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 04 / 16 / 2015 Amount of Each Disbursement this Period 15000.00 Transaction ID : SB19A.37927
C. BANK OF NEW ALBANY Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 811 City NEW ALBANY State MS Zip Code 38652 Purpose of Disbursement Loan payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:			Date of Disbursement MM / DD / YYYY 04 / 20 / 2015 Amount of Each Disbursement this Period 25000.00 Transaction ID : SB19A.37924
SUBTOTAL of Disbursements This Page (optional).....			110000.00
TOTAL This Period (last page this line number only).....			

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

Use separate schedule(s)
for each category of the
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR COCHRAN

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

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

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

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

40000.00

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

150000.00

SCHEDULE C (FEC Form 3)
LOANS

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

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FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

Transaction ID : SC/10.37721

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

BANK OF NEW ALBANY

Election: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address
P.O. BOX 811

City State ZIP Code
NEW ALBANY MS 38652

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

TERMS

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

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

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

Name of Employer
U.S. SENATE

Mailing Address
386A HWY 7 S

Occupation
U.S. SENATOR

City State ZIP Code
OXFORD MS 38655

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

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)...

0.00

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

0.00

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

201507150200181877

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

RACHEL ALLEN

Nature of Debt (Purpose):

Win Bonus

Mailing Address 5247 SUFFOLK CIRCLE

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

20000.00

Transaction ID : SD10.37894

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

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

RACHEL ALLEN

Nature of Debt (Purpose):

Payroll

Mailing Address 5247 SUFFOLK CIRCLE

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

6800.00

Transaction ID : SD10.37899

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6800.00

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

CARDINAL GROUP

Nature of Debt (Purpose):

Media Services-Website

Mailing Address 312 WASHINGTON AVE

City State

OCEAN SPRINGS

Zip Code

MS

39564

Outstanding Balance Beginning This Period

6500.00

Transaction ID : SD10.34338

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6500.00

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

33300.00

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

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

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

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 89 OF 95

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

DAVID CLANTON

Nature of Debt (Purpose):

Win Bonus

Mailing Address P.O. BOX 463

City State

MEADVILLE

Zip Code

MS

39653

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.37895

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

DAVID CLANTON

Nature of Debt (Purpose):

Payroll

Mailing Address P.O. BOX 463

City State

MEADVILLE

Zip Code

MS

39653

Outstanding Balance Beginning This Period

8000.00

Transaction ID : SD10.37900

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

5500.00

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

JOE CLOYD

Nature of Debt (Purpose):

GOTV Consulting

Mailing Address 433 E. BEACH BLVD

City

OCEAN SPRINGS

State

MS

Zip Code

39564

Outstanding Balance Beginning This Period

10350.00

Transaction ID : SD10.37891

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10350.00

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

20850.00

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 90 OF 95

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

FRONTIER STRATEGIES

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 13292

City State

Zip Code

JACKSON

MS

39236

Outstanding Balance Beginning This Period

38560.32

Transaction ID : SD10.34332

Amount Incurred This Period

0.00

Payment This Period

6000.00

Outstanding Balance at Close of This Period

32560.32

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

FRONTIER STRATEGIES

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 13292

City State

Zip Code

JACKSON

MS

39236

Outstanding Balance Beginning This Period

30285.02

Transaction ID : SD10.36960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30285.02

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

SOPHIE NORD

Nature of Debt (Purpose):

GOTV - Consulting

Mailing Address 1755 LELIA DRIVE

City

State

Zip Code

JACKSON

MS

39296

Outstanding Balance Beginning This Period

1375.00

Transaction ID : SD10.37892

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1375.00

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

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

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

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

64220.34

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 91 OF 95

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

JORDAN RUSSELL

Nature of Debt (Purpose):

Win Bonus

Mailing Address 2504 EASTOVER RD

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.37898

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

JORDAN RUSSELL

Nature of Debt (Purpose):

Payroll

Mailing Address 2504 EASTOVER RD

City State

JACKSON

Zip Code

MS

39211

Outstanding Balance Beginning This Period

6000.00

Transaction ID : SD10.37901

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

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

AMANDA SHOOK

Nature of Debt (Purpose):

Win Bonus

Mailing Address 214 EAST LAKE DRIVE

City

BRANDON

State

MS

Zip Code

39047

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.37897

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

16000.00

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

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

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

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

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

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

AMANDA SHOOK

Nature of Debt (Purpose):

Payroll

Mailing Address 214 EAST LAKE DRIVE

City State

BRANDON

Zip Code

MS

39047

Outstanding Balance Beginning This Period

5500.00

Transaction ID : SD10.37902

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5500.00

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

STRATEGIC PARTNERS & MEDIA, INC.

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 480

City State

ARNOLD

Zip Code

MD

21012

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD10.34335

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

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

STRATEGIC PARTNERS & MEDIA, INC.

Nature of Debt (Purpose):

Media Services

Mailing Address P.O. BOX 480

City State

ARNOLD

Zip Code

MD

21012

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.35149

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

25500.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

Nature of Debt (Purpose):
Media Services

Mailing Address P.O. BOX 480

City State Zip Code
ARNOLD MD 21012

Outstanding Balance Beginning This Period

50000.00

Transaction ID : SD10.36961

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50000.00

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

Nature of Debt (Purpose):
Campaign Consulting

Mailing Address 1313 25TH AVE

City State Zip Code
GULFPORT MS 39501

Outstanding Balance Beginning This Period

4500.00

Transaction ID : SD10.37888

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

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

Nature of Debt (Purpose):
Media Services

Mailing Address 201 N UNION ST
SUITE 410

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

42637.00

Transaction ID : SD10.34336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

42637.00

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

97137.00

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

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

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

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

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

PAGE 94 OF 95

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

Nature of Debt (Purpose):
Media Services

Mailing Address 201 N UNION ST
SUITE 410

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

19510.00

Transaction ID : SD10.36962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19510.00

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

Nature of Debt (Purpose):
GOTV - Consulting

Mailing Address 904 HIGHWAY 51

City State Zip Code
MADISON MS 39110

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.37893

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

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

Nature of Debt (Purpose):
Fundraising Consulting

Mailing Address 516 N. WASHINGTON ST

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

77117.88

Transaction ID : SD10.36966

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

77117.88

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

98627.88

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 95 OF 95

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR COCHRAN

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

WINFREY & COMPANY

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address 516 N. WASHINGTON ST

City State

Zip Code

ALEXANDRIA

VA

22314

Outstanding Balance Beginning This Period

31506.00

Transaction ID : SD10.37757

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31506.00

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

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

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

31506.00

387141.22

0.00

387141.22

Hand Delivered

201507150200181886

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

7-15-15

USPS FIRST CLASS MAIL

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

☐

POSTMARK

☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

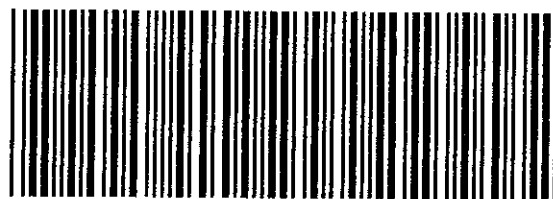
DH

DATE PREPARED

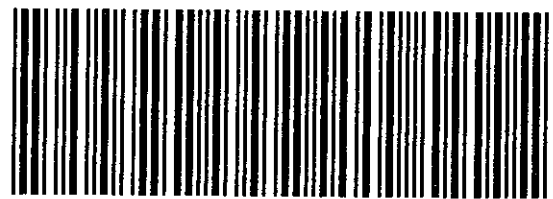
7-15-15

2/28/2015

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SEN PATCH



SEN PATCH

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