

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE  
08 AUG 26 PM 2:14  
Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

CITIZENS FOR COCHRAN

ADDRESS (number and street)

PO BOX 7183

☐ Check if different than previously reported. (ACC)

TUPELO

MS

38802

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00091892

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)

☐ Termination Report (TER)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

in the State of

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

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the State of

5. Covering Period

04

01

2008

through

06

30

2008

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

Type or Print Name of Treasurer JOHN M. ROBINSON, CPA

Signature of Treasurer

Date

08

19

2008

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

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

FE5AN018

28020450808

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CITIZENS FOR COCHRAN

Report Covering the Period:

From:

M M  
0 4

D D  
0 1

Y Y Y Y  
2 0 0 8

To:

M M  
0 6

D D  
3 0

Y Y Y Y  
2 0 0 8

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....                                     | 354190.57               | 1985314.14                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....   | 0.00                    | 2000.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                     | 354190.57               | 1983314.14                         |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....  | 362007.50               | 1276389.39                         |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                       | 1000.00                 | 8483.89                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                               | 361007.50               | 1267905.50                         |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                      | 1171651.73              |                                    |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0.00                    |                                    |

**For further information contact:**

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
CITIZENS FOR COCHRAN

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

## **I. RECEIPTS**

**COLUMN A**  
Total This Period

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

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

(a) Individuals/Persons Other Than  
Political Committees

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

217315.57

997964.14

(ii) Unitemized.....

1975.00

10650.00

(iii) TOTAL of contributions

from individuals..... ▶

219290.57

1008614.14

0.00

0.00

(b) Political Party Committees.....

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

134900.00

976700.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

354190.57

1985314.14

### 12. TRANSFERS FROM OTHER

AUTHORIZED COMMITTEES.....

0.00

35887.69

### 13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

### 14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

1000.00

8483.89

### 15. OTHER RECEIPTS

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

1616.83

39732.64

### 16. TOTAL RECEIPTS (add Lines

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

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

356807.40

2069418.36

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

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

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

|  |           |            |
|--|-----------|------------|
| 17. OPERATING EXPENDITURES.....  | 362007.50 | 1276389.39 |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                   | 0.00      | 10000.00   |
| 19. LOAN REPAYMENTS:   |           |            |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....               | 0.00      | 0.00       |
| (b) Of all Other Loans.....  | 0.00      | 0.00       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....            | 0.00      | 0.00       |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                       |           |            |
| (a) Individuals/Persons Other<br>Than Political Committees.....        | 0.00      | 0.00       |
| (b) Political Party Committees.....                                    | 0.00      | 2000.00    |
| (c) Other Political Committees<br>(such as PACs).....                  | 0.00      | 0.00       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c))..... | 0.00      | 2000.00    |
| 21. OTHER DISBURSEMENTS.....   | 0.00      | 391000.00  |
| 22. TOTAL DISBURSEMENTS<br>(add Lines 17, 18, 19(c), 20(d), and 21) ▷  | 362007.50 | 1679389.39 |

## **III. CASH SUMMARY**

|   |            |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 1176851.83 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 356807.40  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 1533659.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 362007.50  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1171651.73 |



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

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

FOR LINE NUMBER: PAGE 5 / 179  
(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)

LEE ABRAHAM, Jr.

Mailing Address P.O. BOX 8407

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abraham & Rideout

Occupation

Attorney at Law

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14302

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

SAM ABRAHAM

Mailing Address 1300 MYRTLE STREET

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEFLORE COUNTY, MISSISSIP-  
PI

Occupation

CHANCERY CLERK

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14277

Amount of Each Receipt this Period

1500.00

General

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

C.

Full Name (Last, First, Middle Initial)

ROY ANDERSON, Jr.

Mailing Address POST OFFICE BOX 2

City

GULFPORT

State

MS

Zip Code

39501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roy Anderson Construction,  
Inc

Occupation

Contractor

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14719

Amount of Each Receipt this Period

1000.00

General

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 179

(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)

ROY ANDERSON, III

Mailing Address P.O. BOX 2

City

GULFPORT

State

MS

Zip Code

39502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROY ANDERSON CORP

Occupation  
PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14584

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)

THOMAS E. ANDERSON

Mailing Address 5 CRESCENT DRIVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: SA11AI.15110

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

TURNER ARANT

Mailing Address 414 BLAINE RD

City

SUNFLOWER

State

MS

Zip Code

38778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMING

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11AI.14193

Amount of Each Receipt this Period

500.00

General

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

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 179  
(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)  
JAMES M ARMOUR

Mailing Address 2508 SAVERY DRIVE

City State Zip Code  
TUPELO MS 38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS Development Authority

Occupation  
State Director

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13924

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)  
JOHN W. ATHERTON

Mailing Address P.O. BOX 4079

City State Zip Code  
GULFPORT MS 39502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS POWER CO.

Occupation  
EXECUTIVE

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14521

Amount of Each Receipt this Period

250.00

General

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

C.

Full Name (Last, First, Middle Initial)  
ROBERT AVARY, Jr.

Mailing Address BELLE HAVEN RD

City State Zip Code  
ALEXANDRIA VA 22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVARY GROUP LLC

Occupation  
FINANCIAL DEVELOP CONSULTANT

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14153

Amount of Each Receipt this Period

250.00

General

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

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 179

(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)

RANDY AYCOCK

Mailing Address P.O. BOX 1472

City

FULTON

State

MS

Zip Code

38843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRAVELERS

Occupation

TECHNICAL SPECIALIST

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13922

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

ALLEN BAKER

Mailing Address 7086 ROLLINGGREEN

City

PASS CHRISTIAN

State

MS

Zip Code

39571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED AIRLINES

Occupation

PILOT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 04 / 2008

Transaction ID: SA11AI.13788

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

JAMES JAY BAKER

Mailing Address P.O. BOX 444

City

BARNESVILLE

State

MD

Zip Code

20838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGILVY GOVT RELATIONS

Occupation

MANAGING DIRECTOR

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14519

Amount of Each Receipt this Period

1000.00

General

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 179

(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)

Mrs. MARY BANKSTON

Mailing Address 2515 PALMER DR

City

GULFPORT

State

MS

Zip Code

39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14543

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

MARGARET BARGER

Mailing Address 408 MAC ARTHUR AVE.

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14286

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

DON BARRETT

Mailing Address BOX 987

City

LEXINGTON

State

MS

Zip Code

39095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARRETT LAW OFFICE, P.A.

Occupation  
LAWYER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14224

Amount of Each Receipt this Period

2300.00

General

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

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

3800.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 179

(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)

PAUL BATTLE, Sr.

Mailing Address 5475 HIGHWAY 4

City

TUNICA

State

MS

Zip Code

38676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14239

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

WILLIAM H. BATTLE

Mailing Address 5475 HWY 4

City

TUNICA

State

MS

Zip Code

38676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BATTLE FISH NORTH

Occupation  
CATFISH FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14240

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

ROGER D. BELL

Mailing Address 201 19TH STREET NORTH

City

COLUMBUS

State

MS

Zip Code

39703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLUMBUS & GREENVILLE RWY

Occupation  
PRES.

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13876

Amount of Each Receipt this Period

1000.00

General

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 179

(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)  
CYNTHIA N. BERGIN

Mailing Address 13 53RD STREET CIRCLE

City State Zip Code  
GULFPORT MS 39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEWMAN LUMBER CO

Occupation  
VICE PRESIDENT

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

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14523

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)  
MICKEY L. BLACK

Mailing Address 704 OLIVIA

City State Zip Code  
GREENWOOD MS 38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USDA-FSA

Occupation  
FARMER

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

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14242

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
THOMAS BLACK, Jr.

Mailing Address 307 E ADAMS AVE

City State Zip Code  
GREENWOOD MS 38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
FARMER

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

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14285

Amount of Each Receipt this Period

500.00

General

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

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 179

(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)  
CHRISTOPHER BLISARD

Mailing Address 3013 MARBLE LANE

City State Zip Code  
SUPERIOR CO 80027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIRCADENCE

Occupation  
CEO

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

Election Cycle-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13920

Amount of Each Receipt this Period

2000.00

General

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

B.

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

Mailing Address 5370 RIVER THAMES RD

City State Zip Code  
JACKSON MS 39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEEL-SCHAFFER, INC

Occupation  
ENGINEER

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

Election Cycle-to-Date ▼

3300.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13895

Amount of Each Receipt this Period

2300.00

General

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

C.

Full Name (Last, First, Middle Initial)  
HOWARD BRENT

Mailing Address P.O. BOX 896

City State Zip Code  
GREENVILLE MS 38702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

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

Election Cycle-to-Date ▼

3300.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11AI.14192

Amount of Each Receipt this Period

2300.00

General

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

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

6600.00

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



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

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

FOR LINE NUMBER: PAGE 13 / 179

(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)

LEA BRENT

Mailing Address P.O. DRAWER 8

City

GREENVILLE

State

MS

Zip Code

38702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ENGINEER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

06 / 11 / 2008

Transaction ID: SA11AI.14259

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)

DAVID BREVARD

Mailing Address 805 OAK GROVE RD

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B & B CONCRETE CO INC

Occupation  
PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

04 / 10 / 2008

Transaction ID: SA11AI.13802

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

HENRY C. BREVARD, Jr.

Mailing Address 1320 W. JACKSON

City

TUPELO

State

MS

Zip Code

38801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B & B CONCRETE CO INC

Occupation  
EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2008

Transaction ID: SA11AI.13926

Amount of Each Receipt this Period

500.00

General

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

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

4800.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 179

(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)

BILL BROWN

Mailing Address P.O. BOX 9

City

SCHLATER

State

MS

Zip Code

38952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROWN FARMS

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14306

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

WALLACE D. BURNETT

Mailing Address 6218 BERKELEY ROAD

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DENNY MILLER ASSOCIATES

Occupation  
CEO & GENERAL COUNSEL

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14155

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

MILTON BURTON

Mailing Address 82 CR 300

City

BURNSVILLE

State

MS

Zip Code

38833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13918

Amount of Each Receipt this Period

250.00

General

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

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 179  
(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)

GLEN BUSH

Mailing Address 2206 HERITAGE HILL DRIVE

City

JACKSON

State

MS

Zip Code

39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COPELAND COOK TAYLOR & BU-  
SH

Occupation

ATTORNEY

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2008

Transaction ID: SA11AI.14298

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

MARVIN BUSH

Mailing Address 1750 TYSONS BLVD  
STE 200

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINSTON PARTNERS

Occupation

MANAGING PARTNER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2008

Transaction ID: SA11AI.14156

Amount of Each Receipt this Period

250.00

General

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

C.

Full Name (Last, First, Middle Initial)

WAYNE BUSH

Mailing Address 49665 CR 559

City

SCHLATER

State

MS

Zip Code

38952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW HOPE FARMS

Occupation

FARMER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2008

Transaction ID: SA11AI.14296

Amount of Each Receipt this Period

500.00

General

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

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 179

(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)

DIXIE BUTLER

Mailing Address 515 9TH STREET N.

City

COLUMBUS

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.13841

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

WILLIAM BOATNER CALHOUN

Mailing Address 239 ROAD 1378

City

TUPELO

State

MS

Zip Code

38801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDIOLOGY ASSOCIATES

Occupation  
MD

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 18 / 2008

Transaction ID: SA11AI.13859

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

MICHAEL CANNON

Mailing Address P.O. BOX 1819

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANNON CHEVROLET

Occupation  
OWNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14278

Amount of Each Receipt this Period

500.00

General

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

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 179  
(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)

LAURANCE W. CARTER

Mailing Address BOX 458

City

ROLLING FORK

State

MS

Zip Code

39159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

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

Election Cycle-to-Date ▼

1200.00

Date of Receipt

06 / 11 / 2008

Transaction ID: SA11AI.14262

Amount of Each Receipt this Period

200.00

General

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

B.

Full Name (Last, First, Middle Initial)

ROBERT S. CARTER

Mailing Address 407 FOREST LANE

City

RIDGELAND

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EUTAW CONSTRUCTION

Occupation  
EXEC.

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

Election Cycle-to-Date ▼

2000.00

Date of Receipt

04 / 24 / 2008

Transaction ID: SA11AI.13892

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

CYNTHIA CHILDERS

Mailing Address 14508 JOHN CLARK ROAD

City

GULFPORT

State

MS

Zip Code

39503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWETMAN SECURITY SERVICE,  
INC.

Occupation  
OWNER

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2008

Transaction ID: SA11AI.14330

Amount of Each Receipt this Period

1000.00

General

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

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

3200.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 179

(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)

**ALBERT C. CLARK**

Mailing Address **P.O. BOX 966**

City

**STARKVILLE**

State

**MS**

Zip Code

**39760**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**C.C. CLARK, INC.**

Occupation  
**PRES.**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: **SA11AI.13890**

Amount of Each Receipt this Period

**2000.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)

**LARRY D. CLARK**

Mailing Address **P.O. BOX 0**

City

**GULFPORT**

State

**MS**

Zip Code

**39502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUTCH OUSTALET**

Occupation  
**CAR SALES**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

Date of Receipt

**06 / 17 / 2008**

Transaction ID: **SA11AI.14300**

Amount of Each Receipt this Period

**2300.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)

**MORGAN E. CLARK**

Mailing Address **P.O. BOX 966**

City

**STARKVILLE**

State

**MS**

Zip Code

**39760**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CC CLARK, INC.**

Occupation  
**SALES**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: **SA11AI.13888**

Amount of Each Receipt this Period

**1000.00**

General

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

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

**5300.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 179

(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)

SHARON COHEN

Mailing Address 10405 SANDRINGHAM CT

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PODESTA GROUP

Occupation  
Principal

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.13843

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

JAMES COOPER

Mailing Address 2152 CLA-WOOD PLACE

City

TUPELO

State

MS

Zip Code

38801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUPELO ANESTHESIA GROUP

Occupation  
PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.13828

Amount of Each Receipt this Period

250.00

General

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

C.

Full Name (Last, First, Middle Initial)

HEATHER COX

Mailing Address 2205 WINDSOR ROAD

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E-Trade Corp

Occupation  
Executive

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14160

Amount of Each Receipt this Period

500.00

General

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

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 179  
(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)

**BESSIE CRANE**

Mailing Address **P.O. BOX 428**

City

**FULTON**

State

**MS**

Zip Code

**38843**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**N/A**

Occupation

**HOMEMAKER**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

Date of Receipt

**04 / 15 / 2008**

Transaction ID: **SA11AI.13814**

Amount of Each Receipt this Period

**2000.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)

**CHIP CRANE**

Mailing Address **P.O. BOX 428**

City

**FULTON**

State

**MS**

Zip Code

**38843**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**F.L. CRANE & SONS**

Occupation

**VP**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4000.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: **SA11AI.13921**

Amount of Each Receipt this Period

**2000.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)

**DAVID F. CRANE, II**

Mailing Address **6233 RADCLIFF ROAD**

City

**ALEXANDRIA**

State

**VA**

Zip Code

**22307**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Quadrpoint Strategies,  
LLC**

Occupation

**President**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**05 / 19 / 2008**

Transaction ID: **SA11AI.14158**

Amount of Each Receipt this Period

**250.00**

General

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

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

**4250.00**

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



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

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

FOR LINE NUMBER: PAGE 21 / 179

(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)

JAMES M. CRUM

Mailing Address 2317 GOLDEN CHAPEL ROAD

City

ODENTON

State

MD

Zip Code

21113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VAN SCOYOC ASSOCIATES

Occupation

VICE PRESIDENT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2008

Transaction ID: SA11AI.13820

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

PAMELA M. CUMMINGS

Mailing Address 42 MEACHEN RD.

City

SUDBURY

State

MA

Zip Code

01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLOGIC, INC.

Occupation

EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14503

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

ROBERT CUNNINGHAM

Mailing Address P.O. BOX 257

City

BROOKSVILLE

State

MS

Zip Code

39739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14219

Amount of Each Receipt this Period

2000.00

General

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

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

4000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 179

(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)  
**BUD DAVIS**

Mailing Address **5433 POPLAR AVE.**

City State Zip Code  
**MEMPHIS TN 38119**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**BUD DAVIS CADILLAC**

Occupation  
**PRES.**

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

Election Cycle-to-Date ▼

**2000.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: SA11AI.13915

Amount of Each Receipt this Period

**2000.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)  
**JUNE DEHART**

Mailing Address **812 CAMERON STREET**

City State Zip Code  
**ALEXANDRIA VA 22314**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MANATT, PHELPS & PHILLIPS  
LLP**

Occupation  
**PARTNER**

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

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**04 / 10 / 2008**

Transaction ID: SA11AI.13935

Amount of Each Receipt this Period

**1000.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)  
**J.R. DENTON**

Mailing Address **BOX A**

City State Zip Code  
**CALHOUN CITY MS 38916**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CHANDLER DRUG INC.**

Occupation  
**PHARMACIST**

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

Election Cycle-to-Date ▼

**300.00**

Date of Receipt

**05 / 05 / 2008**

Transaction ID: SA11AI.14117

Amount of Each Receipt this Period

**300.00**

General

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

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

**3300.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 179

(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)

DONALD R. DePRIEST

Mailing Address P.O. BOX 1076

City

COLUMBUS

State

MS

Zip Code

39703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCT INVESTORS LP

Occupation  
CHAIRMAN

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13887

Amount of Each Receipt this Period

2000.00

General

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

B.

Full Name (Last, First, Middle Initial)

JOHN T. DILLARD

Mailing Address 2110 TRIBBETT ROAD

City

LELAND

State

MS

Zip Code

38756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.14258

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

TERRY L. DULANEY

Mailing Address 6933 SUNFLOWER SCHOOL RD

City

CLARKSDALE

State

MS

Zip Code

38614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DULANEY BROTHERS FARMS

Occupation  
OWNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11AI.14195

Amount of Each Receipt this Period

500.00

General

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

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

3500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 179

(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)  
JULIA DYSON

Mailing Address 1908 BELLE HAVEN ROAD

City State Zip Code  
ALEXANDRIA VA 22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
HOMEMAKER

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14162

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)  
ROBERT B. ELEY

Mailing Address 1115 MAPLE STREET

City State Zip Code  
CLEVELAND MS 38732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELEY ENGINEERING, P.A.

Occupation  
OWNER

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

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13913

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
TOM ELMORE

Mailing Address P.O. BOX 36

City State Zip Code  
ABERDEEN MS 39730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EUTAW CONSTRUCTION CO.,  
INC

Occupation  
PRESIDENT

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

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13886

Amount of Each Receipt this Period

2000.00

General

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

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

4250.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 179

(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)

JAMES L. ERVIN

Mailing Address 116 QUEEN STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERVIN TECHNICAL ASSOCIATES

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 14 / 2008

Transaction ID: SA11AI.15109

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

TED ETHEREDGE

Mailing Address 8301 SARATOGA AVE

City

LUBBOCK

State

TX

Zip Code

79424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.13857

Amount of Each Receipt this Period

250.00

General

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

C.

Full Name (Last, First, Middle Initial)

DAVID EUDY

Mailing Address 150 KINGS PATH

City

COLUMBUS

State

MS

Zip Code

39702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STARK AEROSPACE

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.13834

Amount of Each Receipt this Period

1000.00

General

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 179  
(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)

R. B. FLOWERS

Mailing Address BOX 38

City

TUNICA

State

MS

Zip Code

38676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4400.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11AI.14196

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)

PAUL M. FRANKE, Jr.

Mailing Address 1515 BERT AV

City

GULFPORT

State

MS

Zip Code

39501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14218

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

KIMBERLEY FRITTS

Mailing Address 3847 N. RIVER STREET

City

ARLINGTON

State

VA

Zip Code

22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PODESTA GROUP

Occupation  
CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2008

Transaction ID: SA11AI.14110

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

4300.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 179

(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)

KIMBERLY FRITZ

Mailing Address 735 DESTINY PLANTATION BLVD

City

BILOXI

State

MS

Zip Code

39532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FRITZ DEVELOPMENT

Occupation  
OWNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14488

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

MARTY J. FULLER

Mailing Address 1092 ARTESIA ROAD

City

STARKVILLE

State

MS

Zip Code

39759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL SOLUTIONS, LLC

Occupation  
CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13894

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

JAMES C. GALLOWAY, Jr.

Mailing Address 1700 BRAMBLEWOOD DRIVE

City

COLUMBUS

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GALLOWAY CHANDLER INSURAN-  
CE

Occupation  
PRES.

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: SA11AI.13863

Amount of Each Receipt this Period

2000.00

General

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

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

4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 179  
(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)

TOM GARY, Jr.

Mailing Address 1005 RIVER BIRCH COVE

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOMMY GARY FARMS

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14295

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

WARREN GERBER

Mailing Address 1553 HICKORY LANE

City

COLUMBUS

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEIDTMAN STEEL PRODUCTS

Occupation  
EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2008

Transaction ID: SA11AI.13808

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

HUNTER M. GHOLSON

Mailing Address POST OFFICE BOX 1111

City

COLUMBUS

State

MS

Zip Code

39703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GHOLSON, HICKS & NICHOLS,  
P.A.

Occupation  
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2008

Transaction ID: SA11AI.13807

Amount of Each Receipt this Period

2000.00

General

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

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

4500.00

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



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

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

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

JAMES D. GRAHAM

Mailing Address 100 ROSECREST LANE

City

COLUMBUS

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13884

Amount of Each Receipt this Period

2000.00

General

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

B.

Full Name (Last, First, Middle Initial)

THOMAS G. GRESHAM

Mailing Address P.O. BOX 690

City

INDIANOLA

State

MS

Zip Code

38751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOUBLE QUICK INC

Occupation  
RETAILER

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11AI.14200

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

W.W. GRESHAM, Jr.

Mailing Address P.O. BOX 690

City

INDIANOLA

State

MS

Zip Code

38751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRESHAM PETROLEUM CO

Occupation  
PETROLEUM MARKETER

Receipt For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.14261

Amount of Each Receipt this Period

500.00

General

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 179  
(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)

R. T. HARDEMAN

Mailing Address 903 ROBERT E LEE DR

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

06 / 17 / 2008

Transaction ID: SA11AI.14284

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)

P.C. HAVENS

Mailing Address 919 E. SCENIC DRIVE

City

PASS CHRISTIAN

State

MS

Zip Code

39571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2008

Transaction ID: SA11AI.14582

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

BILL HAWKS

Mailing Address 1004 E. CAPITOL N.E.

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCLEOD, WATKINS & MILLER

Occupation  
VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

04 / 10 / 2008

Transaction ID: SA11AI.13954

Amount of Each Receipt this Period

1000.00

General

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

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

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

3800.00

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

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

FOR LINE NUMBER: PAGE 31 / 179

(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)

DIANE HAWKS

Mailing Address 425 SECOND STREET, NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL REPUBLICAN SEN.  
COMM.

Occupation

DEPLOYMENT DIRECTOR

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2008

Transaction ID: SA11AI.14323

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)

WILLIAM HEALY

Mailing Address 8 LAWRENCE ROAD

City

MERRIMACK

State

NH

Zip Code

03054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLOGIC, INC.

Occupation

EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14505

Amount of Each Receipt this Period

1500.00

General

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

C.

Full Name (Last, First, Middle Initial)

JOHN HEIDEN

Mailing Address 548 KEYWAY DRIVE

City

FLOWOOD

State

MS

Zip Code

39208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEIDEN, BROOKS & GARLAND

Occupation

INSURANCE AGENT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2008

Transaction ID: SA11AI.14321

Amount of Each Receipt this Period

1000.00

General

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

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

4800.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

DAVID E. HICKS, Jr.

Mailing Address 721 SUMNER AVE.

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2008

Transaction ID: SA11AI.14304

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

LONDON HOLDEN

Mailing Address 2000 SUMMIT TERRACE

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLDEN & SONS DEVELOPMENT

Occupation

REAL ESTATE DEVELOPMENT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2008

Transaction ID: SA11AI.14146

Amount of Each Receipt this Period

250.00

General

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

C.

Full Name (Last, First, Middle Initial)

LARRY E. HOMAN

Mailing Address P.O. BOX 1000

City

FULTON

State

MS

Zip Code

38843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRI-STATE LUMBER

Occupation

PRES & CEO

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

04 / 17 / 2008

Transaction ID: SA11AI.13831

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

**ALBEN HOPKINS**

Mailing Address **2701 24TH AVENUE**

City

**GULFPORT**

State

**MS**

Zip Code

**39501**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation

**ATTORNEY**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**06 / 30 / 2008**

Transaction ID: **SA11AI.14581**

Amount of Each Receipt this Period

**1000.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)

**JAMES P. HRUSOVSKY**

Mailing Address **202 GARDEN COURT COVE**

City

**WEST POINT**

State

**MS**

Zip Code

**39773**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SEVERCORR**

Occupation

**CEO**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**05 / 15 / 2008**

Transaction ID: **SA11AI.14138**

Amount of Each Receipt this Period

**1000.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)

**ROBERT HUNTER**

Mailing Address **P.O. BOX 1108**

City

**GREENWOOD**

State

**MS**

Zip Code

**38935**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**4-WAY ELECTRIC CO.**

Occupation

**CEO**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**06 / 06 / 2008**

Transaction ID: **SA11AI.14237**

Amount of Each Receipt this Period

**500.00**

General

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

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

**2500.00**

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

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

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

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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)

ROBERT HUNTER

Mailing Address P.O. BOX 1108

City

GREENWOOD

State

MS

Zip Code

38935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
4-WAY ELECTRIC CO.

Occupation

CEO

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14293

Amount of Each Receipt this Period

1800.00

General

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

B.

Full Name (Last, First, Middle Initial)

DAVID H. IRWIN, Jr.

Mailing Address 2102 PARC MONCEAU WEST

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDIOLOGY ASSOCIATES

Occupation

MD

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2008

Transaction ID: SA11AI.13822

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

JOE JANOUSH

Mailing Address P.O. BOX 397

City

ROSEDALE

State

MS

Zip Code

38769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JANTRAN

Occupation

ENGINEER

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11AI.14263

Amount of Each Receipt this Period

500.00

General

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

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

2800.00

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

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

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

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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)  
**J.E. JOHNSON, III**

Mailing Address **413 GRAND BOULEVARD**

City State Zip Code  
**GREENWOOD MS 38930**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHNSON IMPLEMENT CO.**

Occupation  
**PRESIDENT**

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

Election Cycle-to-Date ▼

**1500.00**

Date of Receipt

**06 / 17 / 2008**

Transaction ID: SA11AI.14292

Amount of Each Receipt this Period

**500.00**

General

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

B.

Full Name (Last, First, Middle Initial)  
**BOB JONES**

Mailing Address **950 F STREET, NW**

City State Zip Code  
**WASHINGTON DC 20004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Alston & Bird, LLP**

Occupation  
**Partner**

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

Election Cycle-to-Date ▼

**1545.59**

Date of Receipt

**05 / 12 / 2008**

Transaction ID: SA11AI.15103

Amount of Each Receipt this Period

**1545.59**

In-kind -

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

C.

Full Name (Last, First, Middle Initial)  
**FRED A. JONES**

Mailing Address **1001 7TH STREET N.**

City State Zip Code  
**COLUMBUS MS 39701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COLUMBUS MARBLE WORKS**

Occupation  
**PRES.**

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

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**04 / 22 / 2008**

Transaction ID: SA11AI.13861

Amount of Each Receipt this Period

**1000.00**

General

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

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

**3045.59**

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

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

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

FOR LINE NUMBER: PAGE 36 / 179  
(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)  
**SARA JONES**

Mailing Address **1818 E. SUNSET DR.**

City State Zip Code  
**YAZOO CITY MS 39194**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**LAND RENTAL**

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

Election Cycle-to-Date ▼

**3300.00**

Date of Receipt

**05 / 30 / 2008**

Transaction ID: **SA11AI.14201**

Amount of Each Receipt this Period

**2300.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)  
**ROBERT R. KANE**

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

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

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**REAL ESTATE BROKER & PROPERTY MANAGER**

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

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**06 / 26 / 2008**

Transaction ID: **SA11AI.14480**

Amount of Each Receipt this Period

**1000.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)  
**HUGH D. KEATING**

Mailing Address **26 GREENBRIAR DR**

City State Zip Code  
**GULFPORT MS 39507**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Dukes, Dukes, Keating &  
Faneca**

Occupation  
**Attorney**

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

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**06 / 30 / 2008**

Transaction ID: **SA11AI.14524**

Amount of Each Receipt this Period

**250.00**

General

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

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

**3550.00**

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



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

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

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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)

J. KEITH KENNEDY

Mailing Address 3220 JUNIPER LANE

City

FALLS CHURCH

State

VA

Zip Code

22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAKER, DONELSON, BEARMAN &  
CALDWELL

Occupation  
LOBBYIST

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13953

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

RICHARD KIMBERLY

Mailing Address 1318 SKIPWITH ROAD

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIMBERLY CONSULTING LLC

Occupation  
PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13955

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

DOROTHY S. KIMMEL

Mailing Address 511 GRAND BLVD

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KIMMEL AVIATION INSURANCE  
AGEN

Occupation  
INSURANCE AGENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14236

Amount of Each Receipt this Period

500.00

General

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 179  
(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)  
FRANCES KRAMER

Mailing Address 375 SAXONURG BLVD.

City State Zip Code  
SAXONBURG PA 16056

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

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

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.15112

Amount of Each Receipt this Period

2000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
TIMOTHY KURTH

Mailing Address 333 MARYLAND AVE NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
BLUE WATER STRATEGIES LLC

Occupation  
PARTNER

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

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13956

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
BEN LAMENDSOLF

Mailing Address P.O. BOX 240

City State Zip Code  
CARY MS 39054

FEC ID number of contributing  
federal political committee:

C

Name of Employer  
SELF

Occupation  
FARMER

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

Election Cycle-to-Date ▼

3300.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14235

Amount of Each Receipt this Period

2300.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

4800.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 179  
(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 B. LANEY, Jr.**

Mailing Address **150 LANEY RD**

City

**LYON**

State

**MS**

Zip Code

**38645**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation

**COTTON FARMER**

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**700.00**

Date of Receipt

**05 / 30 / 2008**

Transaction ID: **SA11AI.14202**

Amount of Each Receipt this Period

**200.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)

**DOUGLAS C. LANIER**

Mailing Address **4300 B WEST RAILROAD**

City

**GULFPORT**

State

**MS**

Zip Code

**39501**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation

**PHYSICIAN**

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2300.00**

Date of Receipt

**06 / 30 / 2008**

Transaction ID: **SA11AI.14551**

Amount of Each Receipt this Period

**2300.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)

**JESS BEN LATHAM, III**

Mailing Address **POST OFFICE BOX 209**

City

**AMARILLO**

State

**TX**

Zip Code

**79105**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PRO AG INSURANCE GROUP**

Occupation

**CEO**

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**04 / 17 / 2008**

Transaction ID: **SA11AI.13855**

Amount of Each Receipt this Period

**500.00**

General

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

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

**3000.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 179

(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)

**ELLETT LAWRENCE**

Mailing Address **400 E CLEVELAND**

City

**GREENWOOD**

State

**MS**

Zip Code

**38930**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**LAWRENCE PRINTING CO.**

Occupation  
**CHAIRMAN**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1500.00**

Date of Receipt

**06 / 17 / 2008**

Transaction ID: SA11AI.14287

Amount of Each Receipt this Period

**500.00**

General

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

B.

Full Name (Last, First, Middle Initial)

**ALBERT LAWS**

Mailing Address **200 4TH AVE. SOUTH**

City

**COLUMBUS**

State

**MS**

Zip Code

**39701**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**04 / 22 / 2008**

Transaction ID: SA11AI.13880

Amount of Each Receipt this Period

**500.00**

General

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

C.

Full Name (Last, First, Middle Initial)

**EASON LEAKE**

Mailing Address **2469 MEADOWBROOK DR**

City

**JACKSON**

State

**MS**

Zip Code

**39211**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**ROSS & YERGER**

Occupation  
**INSURANCE SALES**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4000.00**

Date of Receipt

**04 / 22 / 2008**

Transaction ID: SA11AI.13865

Amount of Each Receipt this Period

**2000.00**

General

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

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

**3000.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 179  
(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 D. LEEBERN, Jr.**

Mailing Address **551 HILLSIDE DR. NW**

City

**ATLANTA**

State

**GA**

Zip Code

**30342**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**TROUTMAN SANDERS PUBLIC  
AFFAIR**

Occupation

**PRES/ FED AFFAIRS**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**06 / 26 / 2008**

Transaction ID: **SA11AI.14497**

Amount of Each Receipt this Period

**250.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)

**DICK LEIKE**

Mailing Address **8643 POPLAR PIKE**

City

**GERMANTOWN**

State

**TN**

Zip Code

**38138**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation

**REAL ESTATE BROKER**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**04 / 17 / 2008**

Transaction ID: **SA11AI.13839**

Amount of Each Receipt this Period

**1000.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)

**JOHN WILLIAM LETTIERI**

Mailing Address **1526 26TH STREET NW**

City

**WASHINGTON**

State

**DC**

Zip Code

**20007**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**AGUSTA WESTLAND NORTH AME-  
RICA**

Occupation

**GOVT AFFAIRS MGR**

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**05 / 19 / 2008**

Transaction ID: **SA11AI.14151**

Amount of Each Receipt this Period

**250.00**

General

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

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

**1500.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 179

(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)

MAURA LINDSAY

Mailing Address 2108 WAKEFIELD CT.

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 NONE

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2008

Transaction ID: SA11AI.14165

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)

POWELL LITTON

Mailing Address 843 FRIARS POINTE RD

City

CLARKSDALE

State

MS

Zip Code

38614

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 WADE, INC.

Occupation

MANAGER

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

06 / 06 / 2008

Transaction ID: SA11AI.14221

Amount of Each Receipt this Period

2300.00

General

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

C.

Full Name (Last, First, Middle Initial)

WADE LITTON

Mailing Address 500 EAST ADAMS

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 WADE, INC.

Occupation

AGRICULTURE SALES

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

06 / 17 / 2008

Transaction ID: SA11AI.14291

Amount of Each Receipt this Period

500.00

General

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

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

3050.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

WILLIAM P. LITTON

Mailing Address 1505 HIGHWAY 82 W

City

GREENWOOD

State

MS

Zip Code

38935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WADE, INC

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2008

Transaction ID: SA11AI.14288

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

VIRGINIA D. LOPER

Mailing Address 3309 23RD STREET N.

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Timmons & Co Govt Affairs

Occupation

VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2008

Transaction ID: SA11AI.14513

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

WILLIS H. LOTT

Mailing Address POST OFFICE BOX 128

City

PERKINSTON

State

MS

Zip Code

39573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS GULF COAST COMMUNITY  
COLLEGE

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2008

Transaction ID: SA11AI.14549

Amount of Each Receipt this Period

1000.00

General

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

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

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

FOR LINE NUMBER: PAGE 44 / 179  
(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)

ALWYN H. LUCKEY

Mailing Address 101 WATSEEDGE LANE

City

OCEAN SPRINGS

State

MS

Zip Code

39564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ATTORNEY

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14495

Amount of Each Receipt this Period

2100.00

General

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

B.

Full Name (Last, First, Middle Initial)

DAVID MAJURE, II

Mailing Address 425 WINDOVER CIRCLE

City

MERIDIAN

State

MS

Zip Code

39305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAJURE OFFICES

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 07 / 2008

Transaction ID: SA11AI.13794

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

LEWIS F. MALLORY, Jr.

Mailing Address 513 GREENSBORO ST.

City

STARKVILLE

State

MS

Zip Code

39759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL BANK OF COMMERCE

Occupation

COMMERCIAL BANKING

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.13836

Amount of Each Receipt this Period

2000.00

General

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

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

6100.00

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



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

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

FOR LINE NUMBER:

PAGE 45 / 179

(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)

JAMES MARTINELLI

Mailing Address 1832 LIBERTY WAY

City

VALENCIA

State

PA

Zip Code

16059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.15107

Amount of Each Receipt this Period

1200.00

General

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

B.

Full Name (Last, First, Middle Initial)

DON E. MASON

Mailing Address 5 COLONEL WINK DR.

City

GULFPORT

State

MS

Zip Code

39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Future Pipe Industries

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14576

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

MARK MAVAR

Mailing Address P.O. BOX 730

City

BILOXI

State

MS

Zip Code

39533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BILOXI FREEZING & PROCESS-  
ING

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14483

Amount of Each Receipt this Period

2000.00

General

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

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

4200.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 179

(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 MAVAR

Mailing Address 630 BEACH BLVD

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 19 / 2008

Transaction ID: SA11AI.14310

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

JOHN P. MCALLISTER

Mailing Address 3039 ALBEMARLE STREET NW

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McAllister & Quinn LLC

Occupation  
PARTNER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

04 / 10 / 2008

Transaction ID: SA11AI.13957

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

PATRICK J. MCCARTY

Mailing Address 2108 WOODMONT ROAD

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
1.618 GROUP, LLC

Occupation  
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

05 / 19 / 2008

Transaction ID: SA11AI.14167

Amount of Each Receipt this Period

250.00

General

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

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 179

(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)

GLENN L. McCULLOUGH, Jr.

Mailing Address 2012 NANCY DRIVE

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENNESSEE VALLEY AUTHORITY

Occupation

DIRECTOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13806

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

DEAN MCGRATH, Jr.

Mailing Address 6117 WOODMONT RD

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANATT, PHELPS & PHILLIPS  
LLP

Occupation

ATTORNEY

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14471

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

MICHAEL J. MCGREVEY

Mailing Address P.O. BOX 5334

City

MISSISSIPPI STATE

State

MS

Zip Code

39762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MS STATE UNIVERSITY

Occupation

EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13882

Amount of Each Receipt this Period

2000.00

General

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

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

3000.00

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

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

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

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| FOR LINE NUMBER:                        |                              | PAGE 48 / 179                |   |
| (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 R. MCLEOD

Mailing Address One Massachusetts Ave., N.W.  
Suite 800

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McLeod, Watkinson & Miller

Occupation  
Lobbyist

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

Election Cycle-to-Date ▼  
269.98

Date of Receipt

MM / DD / YYYY  
04 / 16 / 2008

Transaction ID: SA11AI.15099

Amount of Each Receipt this Period

269.98

In-kind -

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

B.

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

Mailing Address 720 CARPENTER ROAD

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: SA11AI.15113

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
MICCOSUKEE TRIBE

Mailing Address P.O. BOX 440021

City State Zip Code  
MIAMI FL 33144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14222

Amount of Each Receipt this Period

1000.00

General

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

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

2269.98

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

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

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

FOR LINE NUMBER: PAGE 49 / 179  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
WILLIAM HUGHES MILAM, Sr.  
Mailing Address P.O. BOX 829

City State Zip Code  
TUPELO MS 38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UROLOGY, P.A.

Occupation  
PHYSICIAN

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

Election Cycle-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2008

Transaction ID: SA11AI.13902

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)  
GUY W. MITCHELL, III  
Mailing Address P.O. BOX 7120

City State Zip Code  
TUPELO MS 38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MITCHELL MCNUTT & SAMS

Occupation  
ATTORNEY

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

Election Cycle-to-Date ▼

3000.00

Date of Receipt

04 / 10 / 2008

Transaction ID: SA11AI.13803

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
WILLIAM H. MITCHELL  
Mailing Address 2 PINE HAVEN STREET

City State Zip Code  
GULFPORT MS 39503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2008

Transaction ID: SA11AI.14578

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 179

(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)

**FRANK M. MITCHENER**

Mailing Address **P.O. BOX 419**

City

**SUMNER**

State

**MS**

Zip Code

**38957**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**FARMER**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2000.00**

Date of Receipt

**06 / 11 / 2008**

Transaction ID: **SA11AI.14260**

Amount of Each Receipt this Period

**1000.00**

General

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

B.

Full Name (Last, First, Middle Initial)

**CATHERINE MIZE**

Mailing Address **1520 MCCULLOUGH BLVD.**

City

**TUPELO**

State

**MS**

Zip Code

**38804**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**N/A**

Occupation  
**HOMEMAKER**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: **SA11AI.13904**

Amount of Each Receipt this Period

**1000.00**

General

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

C.

Full Name (Last, First, Middle Initial)

**MICHAEL MONIZ**

Mailing Address **433 CANYONSIDE DR.**

City

**BOULDER**

State

**CO**

Zip Code

**80302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CIRCADENCE GROUP**

Occupation  
**PRES/CEO**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4000.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: **SA11AI.13906**

Amount of Each Receipt this Period

**2000.00**

General

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

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

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

**4000.00**

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

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

FOR LINE NUMBER: PAGE 51 / 179

(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)  
**ELIZABETH MORRA**

Mailing Address **6219 POINDEXER LANE**

City State Zip Code  
**ROCKVILLE MD 20852**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PODESTA GROUP**

Occupation  
**LOBBYIST**

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

Election Cycle-to-Date ▼

**1500.00**

Date of Receipt

**04 / 07 / 2008**

Transaction ID: SA11AI.13790

Amount of Each Receipt this Period

**1500.00**

General

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

B.

Full Name (Last, First, Middle Initial)  
**SHERMAN MUTHS, Jr.**

Mailing Address **POST OFFICE BOX 1630**

City State Zip Code  
**GULFPORT MS 39502**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation

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

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**06 / 30 / 2008**

Transaction ID: SA11AI.14544

Amount of Each Receipt this Period

**500.00**

General

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

C.

Full Name (Last, First, Middle Initial)  
**DARRYL NIRENBERG**

Mailing Address **307 WOODLAND TERRACE**

City State Zip Code  
**ALEXANDRIA VA 22302**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PATTON BOGGS LLP**

Occupation  
**ATTORNEY**

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

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**06 / 06 / 2008**

Transaction ID: SA11AI.14243

Amount of Each Receipt this Period

**250.00**

General

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

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

**2250.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 179

(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)  
BEN NOBLE

Mailing Address 1101 N. POTOMAC ST.

City State Zip Code  
ARLINGTON VA 22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Troutman Sanders

Occupation  
VP Federal Affairs

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2008

Transaction ID: SA11AI.14499

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)  
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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

06 / 30 / 2008

Transaction ID: SA11AI.14580

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
JAMES Y. PALMER

Mailing Address 2312 EASTOVER DR

City State Zip Code  
JACKSON MS 39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
BROKER

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

Election Cycle-to-Date ▼

1100.00

Date of Receipt

04 / 30 / 2008

Transaction ID: SA11AI.14112

Amount of Each Receipt this Period

100.00

General

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

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

850.00

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



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

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

FOR LINE NUMBER: PAGE 53 / 179

(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)

AUBREY PATTERSON

Mailing Address 1 MISSISSIPPI PLAZA

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANCORPSOUTH BANK

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13907

Amount of Each Receipt this Period

2000.00

General

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

B.

Full Name (Last, First, Middle Initial)

LAURA PEMBERTON

Mailing Address 5847 POTOMAC AVE. NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meece Enterprizes LLC

Occupation

Consultant

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14501

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

GREGORY M. PENSABENE

Mailing Address 1803 HUNTING COVE PL

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANADARKO

Occupation

VP GOVT RELATIONS

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14148

Amount of Each Receipt this Period

250.00

General

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

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

3250.00

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

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

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

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| FOR LINE NUMBER:                        |                              | PAGE 54 / 179                |   |
| (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)  
STEVEN B. PETERSON

Mailing Address 12500 FAIR LAKES CIRCLE  
STE 400

City State Zip Code  
FAIRFAX VA 22033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PETERSON DEVELOPMENT COMP-  
ANIES

Occupation  
PRESIDENT

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14169

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)  
JOSEPH CARLTON PETRONE

Mailing Address KNOLLWOOD FARM

City State Zip Code  
DUBLIN NH 03444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
AMBASSADOR

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14547

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
CHARLIE PILKINTON

Mailing Address 251 SAGAMORE CIRCLE

City State Zip Code  
COLUMBUS MS 39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PILKINTON BROS. CATFISH  
FARM

Occupation  
CATFISH FARMER

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

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2008

Transaction ID: SA11AI.14115

Amount of Each Receipt this Period

2000.00

General

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

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

3250.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 179

(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 H. POWERS

Mailing Address 206 WEST HARDING STREET

City State Zip Code  
GREENWOOD MS 38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RC CONSTRUCTION CO INC.

Occupation  
VP

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

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14225

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)  
R. BRADLEY PREWITT

Mailing Address 715 MAGNOLIA DRIVE

City State Zip Code  
TUPELO MS 38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIRCADENCE CORP

Occupation  
ATTORNEY & VP

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13909

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
GREGORY J. QUARLES

Mailing Address 2122 HARBOUR WATCH DR.

City State Zip Code  
TARPON SPRINGS FL 34689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: SA11AI.15111

Amount of Each Receipt this Period

500.00

General

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
WILLIAM T. QUICKSILVER

Mailing Address 527 25TH STREET

City State Zip Code  
SANTA MONICA CA 90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MANATT PHELPS & PHILLIPS  
LLP

Occupation  
CEO & MANAGING PARTNER

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11AI.14203

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
DORIS RANDALL

Mailing Address 9141 HONEYSUCKLE LANE

City State Zip Code  
GULFPORT MS 39503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TREATED MATERIALS

Occupation  
OWNER

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14481

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
CLARKE REED

Mailing Address BOX 894

City State Zip Code  
GREENVILLE MS 38702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
INVESTMENTS

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

Election Cycle-to-Date ▼

3300.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14234

Amount of Each Receipt this Period

2300.00

General

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

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

4300.00

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

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

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

FOR LINE NUMBER: PAGE 57 / 179  
(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)

JACK REED, Jr.

Mailing Address P.O. BOX 230

City

TUPELO

State

MS

Zip Code

38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R.W. REED CO INC

Occupation

MERCHANT

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13804

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

JACK R. REED, Sr.

Mailing Address 1853 LEGION RD

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REED'S

Occupation

MERCHANT

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13805

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

SCOTT REED

Mailing Address 1854 LEGION LAKE ROAD

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HILLIARD-LYONS

Occupation

BROKER

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.13917

Amount of Each Receipt this Period

500.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 179  
 (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)  
 ROBIN ROBERTS

Mailing Address 6460 KEDLESTON COURT

City State Zip Code  
 MCLEAN VA 22101

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 NATIONAL MEDIA INC.

Occupation  
 ADVERTISING CONSULTANT

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 05 / 19 / 2008

Transaction ID: SA11AI.14171

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)  
 RONNIE ROBERTSON

Mailing Address 405 CR 406

City State Zip Code  
 GREENWOOD MS 38930

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 DELTA ELECTRIC POWER ASSN

Occupation  
 GENERAL MANAGER

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 06 / 17 / 2008

Transaction ID: SA11AI.14290

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
 DAYTON ROBINSON

Mailing Address 965 E BEACH BLVD.

City State Zip Code  
 PASS CHRISTIAN MS 39571

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED

Occupation  
 INFORMATION REQUESTED

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

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2008

Transaction ID: SA11AI.14574

Amount of Each Receipt this Period

500.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 179

(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)

LARRY ROUTH

Mailing Address 107 S. NATCHEZ STREET

City

KOSCIUSKI

State

MS

Zip Code

39090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

OPTOMETRIST

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2008

Transaction ID: SA11AI.14311

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)

JOE SALLOUM

Mailing Address 1212 EAST BEACH BLVD

City

GULFPORT

State

MS

Zip Code

39501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

REAL ESTATE

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14529

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

RICHARD P. SALLOUM

Mailing Address BOX 460

City

GULFPORT

State

MS

Zip Code

39502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

ATTY

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14528

Amount of Each Receipt this Period

500.00

General

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

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 179

(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)

L.F. SAMS, Jr.

Mailing Address P.O. BOX 466

City

TUPELO

State

MS

Zip Code

38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MITCHELL MCNUTT & SAMS

Occupation  
ATTORNEY AT LAW

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2008

Transaction ID: SA11AI.13911

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

ROBERT SAWYER

Mailing Address 59 SHORELINE LANE

City

GULFPORT

State

MS

Zip Code

39503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRINITY INVESTMENT SERVIC-  
ES

Occupation  
BROKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

06 / 30 / 2008

Transaction ID: SA11AI.14572

Amount of Each Receipt this Period

2300.00

General

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

C.

Full Name (Last, First, Middle Initial)

TOM SAWYER

Mailing Address BOX AA

City

GULFPORT

State

MS

Zip Code

39502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAWYER INS

Occupation  
INSURANCE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 26 / 2008

Transaction ID: SA11AI.14487

Amount of Each Receipt this Period

1000.00

General

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

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

3800.00

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



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

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

FOR LINE NUMBER: PAGE 61 / 179

(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)  
CHRISTOPHER SCHMIDT

Mailing Address 4426 MENGE AVE.

City State Zip Code  
PASS CHRISTIAN MS 39571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF MS

Occupation  
ASST DISTRICT ATTORNEY

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

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14570

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)  
JOHN D. SCOFIELD

Mailing Address 1633 INDEPENDENCE AVE SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PODESTA GROUP

Occupation  
PRINCIPAL

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

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 07 / 2008

Transaction ID: SA11AI.13792

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
WILLIAM SEEMANN

Mailing Address 25258 NOTRE DAME

City State Zip Code  
PASS CHRISTIAN MS 39571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEEMANN COMPOSITES

Occupation  
PRESIDENT/MANAGER

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

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14568

Amount of Each Receipt this Period

2300.00

General

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

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

3300.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 179

(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)  
WYNN SEEMANN

Mailing Address 25258 NOTRE DAME

City State Zip Code  
PASS CHRISTIAN MS 39571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
EDUCATOR

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

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14569

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)  
Dr. WAYNE SLOCUM

Mailing Address 1915 FOREST PARK

City State Zip Code  
TUPELO MS 38801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OB/GYN

Occupation  
PHYSICIAN

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

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2008

Transaction ID: SA11AI.13819

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
JOHN B. SNEED

Mailing Address 141 BAYOU CIRCLE

City State Zip Code  
GULFPORT MS 39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEWART SNEED HEWES

Occupation  
INSURANCE AGENT

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

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14546

Amount of Each Receipt this Period

2300.00

General

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

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

5100.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 179

(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)

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: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2008

Transaction ID: SA11AI.14553

Amount of Each Receipt this Period

2300.00

General

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

B.

Full Name (Last, First, Middle Initial)

SAMIA M. SOLANGI

Mailing Address 210 KUYRKENDALL PL

City

LONG BEACH

State

MS

Zip Code

39560

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 INSTITUTE MARINE MAMMAL  
 STUDIE

Occupation

VP/CFO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2008

Transaction ID: SA11AI.14565

Amount of Each Receipt this Period

2300.00

General

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

C.

Full Name (Last, First, Middle Initial)

WILLIAM C. SPENCER

Mailing Address 1870 NORTH PARC CIRCLE

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 MITCHELL MCNUTT & SAMS

Occupation

ATTORNEY AT LAW

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 04 / 15 / 2008

Transaction ID: SA11AI.13812

Amount of Each Receipt this Period

1000.00

General

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

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

5600.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 179  
(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 E. SPILLER**  
Mailing Address **608 E BARTON**

City State Zip Code  
**GREENWOOD MS 38930**

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

Name of Employer Occupation  
**EDWARD JONES INVESTMENT REPRESENTATIVE**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼ Election Cycle-to-Date ▼  
**1500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 17 / 2008**

Transaction ID: SA11AI.14280

Amount of Each Receipt this Period  
**500.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**BENJAMIN SPRAGGINS**  
Mailing Address **12114 KENT AVE.**

City State Zip Code  
**GULFPORT MS 39503**

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

Name of Employer Occupation  
**RETIRED BRIGADEER GENERAL - RETIRED**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼ Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2008**

Transaction ID: SA11AI.14554

Amount of Each Receipt this Period  
**1000.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**CHRISTOPHER STAAB**  
Mailing Address **671 GLEBE ROAD**

City State Zip Code  
**ARLINGTON VA 22203**

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

Name of Employer Occupation  
**E-TRADE VP**

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼ Election Cycle-to-Date ▼  
**250.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 26 / 2008**

Transaction ID: SA11AI.14473

Amount of Each Receipt this Period  
**250.00**

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

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

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

**1750.00**

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

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

FOR LINE NUMBER: PAGE 65 / 179

(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)

GIBB STEELE

Mailing Address 40 RIVERSIDE RD

City

HOLLANDALE

State

MS

Zip Code

38748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11AI.14226

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

BARBARA STEWART

Mailing Address 12 LEXINGTON PLACE

City

GULFPORT

State

MS

Zip Code

39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commerical Realty

Occupation  
Real Estate Broker

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14566

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

BELINDA STEWART

Mailing Address 123 N. DUNN STREET

City

EUPORA

State

MS

Zip Code

39744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BELINDA STEWART ARCHITECTS

Occupation  
ARCHITECT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: SA11AI.13878

Amount of Each Receipt this Period

1000.00

General

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 66 / 179  
(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)

**MIKE STURDIVANT, JR.**

Mailing Address **P.O. BOX 230**

City

**GLENDORA**

State

**MS**

Zip Code

**38928**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUE WEST**

Occupation  
**FARMER**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**3000.00**

Date of Receipt

**06 / 06 / 2008**

Transaction ID: **SA11AI.14227**

Amount of Each Receipt this Period

**1000.00**

General

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

B.

Full Name (Last, First, Middle Initial)

**MIKE P. STURDIVANT**

Mailing Address **P.O. BOX 230**

City

**GLENDORA**

State

**MS**

Zip Code

**38928**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUE WEST**

Occupation  
**FARMER**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**06 / 06 / 2008**

Transaction ID: **SA11AI.14230**

Amount of Each Receipt this Period

**500.00**

General

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

C.

Full Name (Last, First, Middle Initial)

**WALKER STURDIVANT**

Mailing Address **P.O. BOX 230**

City

**GLENDORA**

State

**MS**

Zip Code

**38928**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**DUE WEST**

Occupation  
**FARMER**

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**06 / 06 / 2008**

Transaction ID: **SA11AI.14232**

Amount of Each Receipt this Period

**500.00**

General

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

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

**2000.00**

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

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

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

FOR LINE NUMBER: PAGE 67 / 179

(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)

LISA SUTHERLAND

Mailing Address 1209 N. DANVILLE STREET

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Creative Govt Solutions  
LLC

Occupation  
Consultant

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13958

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

JOHN H. SWAYZE

Mailing Address 1830 SWAYZE HOME PLACE RD

City

BENTON

State

MS

Zip Code

39039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2008

Transaction ID: SA11AI.14309

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

CHEVIS SWETMAN

Mailing Address 1210 BEACH BLVD

City

BILOXI

State

MS

Zip Code

39533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE PEOPLES BANK

Occupation  
BANKER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14556

Amount of Each Receipt this Period

1000.00

General

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

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 179

(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)

JACK TAYLOR, Jr.

Mailing Address 6212 RANDALL COURT

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL DEPOSIT INSURANCE  
CORP

Occupation

LEGISLATIVE ADVISOR

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14173

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)

PHILIP TEEL

Mailing Address 1224 KINGS COURT

City

GAUTIER

State

MS

Zip Code

39553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMAN

Occupation

MISSION SYSTEMS PRESIDENT

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2008

Transaction ID: SA11AI.14325

Amount of Each Receipt this Period

2300.00

General

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

C.

Full Name (Last, First, Middle Initial)

MICHELLE TESSIER

Mailing Address 8 RUE GEORGES VILLE

City

PARIS

State

ZZ

Zip Code

75116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PODESTA GROUP

Occupation

EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA11AI.14127

Amount of Each Receipt this Period

500.00

General

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

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

3050.00

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



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

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

FOR LINE NUMBER: PAGE 69 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
WILLIAM J. THREADGILL

Mailing Address 1407 BRIARWOOD CIRCLE

City State Zip Code  
COLUMBUS MS 39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.13837

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
FRANCES TURNAGE

Mailing Address 1316 FATHER RYAN AVE.

City State Zip Code  
BILOXI MS 39530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MISS POWER CO.

Occupation  
CFO

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

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14485

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
ALLISON WAGGONER

Mailing Address 100 CHERRY LAUREL CIRCLE

City State Zip Code  
RIDGELAND MS 39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
HOMEMAKER

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

Election Cycle-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
05 / 12 / 2008

Transaction ID: SA11AI.14136

Amount of Each Receipt this Period

700.00

General

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

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

2200.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 179

(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)

JOE A. WAGGONER

Mailing Address 100 CHERRY LAUREL LN

City

RIDGELAND

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAGGONER ENGINEERING, INC

Occupation

PRESIDENT/CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

MM / DD / YYYY  
05 / 12 / 2008

Transaction ID: SA11AI.14135

Amount of Each Receipt this Period

1300.00

General

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

B.

Full Name (Last, First, Middle Initial)

Mrs. LEO WAGNER, Jr.

Mailing Address P.O. BOX 3178

City

BAY ST. LOUIS

State

MS

Zip Code

39521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14477

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

TONYA WALDROP

Mailing Address 615 DUNKLIN AVE.

City

GREENWOOD

State

MS

Zip Code

38930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIKING RANGE CORP

Occupation

EXECUTIVE

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2008

Transaction ID: SA11AI.14289

Amount of Each Receipt this Period

500.00

General

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

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

2800.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 179

(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)

ROY WALKER

Mailing Address 303 FARRAR DRIVE

City

FULTON

State

MS

Zip Code

38843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

04 / 24 / 2008

Transaction ID: SA11AI.13898

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

ELLEN WALTER

Mailing Address 2207 BELLE HAVEN ROAD

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
HOME MAKER

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2008

Transaction ID: SA11AI.14177

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

WILLIAM WARE

Mailing Address 300 BRIARWOOD DRIVE WEST

City

JACKSON

State

MS

Zip Code

39206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-STATE CONSTRUCTION

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2008

Transaction ID: SA11AI.14327

Amount of Each Receipt this Period

1000.00

General

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

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 179  
(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)

BRENT WARR

Mailing Address 3 WOODGLEN DR

City

GULFPORT

State

MS

Zip Code

39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Gulfport

Occupation  
Mayor

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14557

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

GENE WARR

Mailing Address 767 16TH ST

City

GULFPORT

State

MS

Zip Code

39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WARR'S MENS CLOTHING

Occupation  
RETAIL

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14559

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

WAYNE WASHINGTON

Mailing Address 2311 COUNTRY CLUB ROAD

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WASHINGTON INSURANCE

Occupation  
PRESIDENT

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2008

Transaction ID: SA11AI.13810

Amount of Each Receipt this Period

500.00

General

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

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 179  
(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 WHEELER

Mailing Address P.O. BOX 7120

City

TUPELO

State

MS

Zip Code

38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MITCHELL MCNUTT & SAMS

Occupation

ATTORNEY AT LAW

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2008

Transaction ID: SA11AI.13829

Amount of Each Receipt this Period

500.00

General

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

B.

Full Name (Last, First, Middle Initial)

DAVID C. WHITESTONE

Mailing Address 9909 SOUTH PARK CIRCLE

City

FAIRFAX STATION

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holland & Knight

Occupation

Attorney

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2008

Transaction ID: SA11AI.13866

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

TOM WICKER

Mailing Address 128 ROAD 1836

City

TUPELO

State

MS

Zip Code

38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLLAND, RAY, UPCHURCH &  
HILLEN

Occupation

ATTORNEY AT LAW

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

04 / 24 / 2008

Transaction ID: SA11AI.13900

Amount of Each Receipt this Period

500.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

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

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

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| FOR LINE NUMBER:                        |                              | PAGE 74 / 179                |   |
| (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)  
JIM WILLIAMS

Mailing Address 1506 BUENA VISTA STREET

City State Zip Code  
PASCAGOULA MS 39567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCKARD & WILLIAMS INS.  
SVC

Occupation  
INSURANCE ADMINISTRATION

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2008

Transaction ID: SA11AI.14318

Amount of Each Receipt this Period

250.00

General

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

B.

Full Name (Last, First, Middle Initial)  
PETER F. WILSON

Mailing Address 453 CARMARGUE LN

City State Zip Code  
BILOXI MS 39531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BANCORPSOUTH

Occupation  
BANKER

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11AI.14475

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
ALAN WINSLETTE

Mailing Address 7522 GUINEVERE DRIVE

City State Zip Code  
SUGAR LAND TX 77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LASERSHOT

Occupation  
COO

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11AI.13960

Amount of Each Receipt this Period

1000.00

General

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

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

1750.00

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

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

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

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| FOR LINE NUMBER:                        |                              | PAGE 75 / 179                |   |
| (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)

ERIC WOMBLE

Mailing Address 18 SAUVOLLE CT.

City

OCEAN SPRINGS

State

MS

Zip Code

39564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northrop Grumman

Occupation

Business Development Manager

Receipt For: 2008

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14561

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

THOMAS WORRALL, IV

Mailing Address 6118 WOODMONT ROAD

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHITMER & WORRALL

Occupation

GOVT RELATIONS EXEC

Receipt For: 2008

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11AI.14175

Amount of Each Receipt this Period

500.00

General

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

C.

Full Name (Last, First, Middle Initial)

MICHAEL WREN

Mailing Address 302 LYNWOOD CIRCLE

City

LONG BEACH

State

MS

Zip Code

39560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2008

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14563

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 179

(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)

JAMES G. WYLY, III

Mailing Address 216 NORTH BEACH BLVD.

City

BAY ST. LOUIS

State

MS

Zip Code

39520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHELPS DUNBAR

Occupation

ATTORNEY AT LAW

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11AI.14526

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

217315.57



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 179

(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)  
AKERMAN SENTERFITT & EIDSON PA - PAC  
Mailing Address 255 S. Orange Ave.

City State Zip Code  
Orlando FL 32802

FEC ID number of contributing  
federal political committee.

C C00280008

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11C.13970

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
ALAMO PAC  
Mailing Address 919 CONGRESS AVE SUITE 1400  
FROST BANK PLAZA

City State Zip Code  
AUSTIN TX 78701

FEC ID number of contributing  
federal political committee.

C C00387464

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11C.14459

Amount of Each Receipt this Period

5000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
ALLIANT TECHSYSTEMS INC EMPLOYEE CITIZENSHIP FUND  
Mailing Address 600 SECOND ST. NE

City State Zip Code  
HOPKINS MN 55343

FEC ID number of contributing  
federal political committee.

C C00250209

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

7500.00

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2008

Transaction ID: SA11C.14314

Amount of Each Receipt this Period

5000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 179

(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)  
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE  
Mailing Address 120 Park Avenue

City State Zip Code  
New York NY 10017

FEC ID number of contributing  
federal political committee. **C** C00089136

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
8000.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2008

Transaction ID: SA11C.14105

Amount of Each Receipt this Period

2000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
AMERICAN AMBULANCE ASSOCIATION FEDERAL PAC (AKA AMBU-PAC)  
Mailing Address 8201 GREENSBORO DRIVE  
SUITE 300

City State Zip Code  
MCLEAN VA 22102

FEC ID number of contributing  
federal political committee. **C** C00168070

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11C.14538

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)  
Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee. **C** C00172833

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
6000.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11C.13849

Amount of Each Receipt this Period

5000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 179

(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)  
AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH THIRD STREET

City State Zip Code  
MOORHEAD MN 56560

FEC ID number of contributing  
federal political committee. **C** C00110338

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA11C.14131

Amount of Each Receipt this Period

5000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code  
Dania Beach FL 33004

FEC ID number of contributing  
federal political committee. **C** C00027532

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: SA11C.14184

Amount of Each Receipt this Period

2500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Mailing Address 6200 S SYRACUSE WAY STE 200

City State Zip Code  
GREENWOOD VILLAGE CO 80111

FEC ID number of contributing  
federal political committee. **C** C00389585

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11C.14540

Amount of Each Receipt this Period

1300.00

General

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

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

8800.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 179

(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)

AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH ST NW SUITE 1101

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00167684

Name of Employer

Occupation

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11C.14181

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (AVMAPAC)

Mailing Address 1101 VERMONT AVENUE, NW  
SUITE 710

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

C00114132

Name of Employer

Occupation

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

8000.00

Date of Receipt

MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: SA11C.13871

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

ANADARKO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1201 Lake Robbins Drive

City

The Woodlands

State

TX

Zip Code

77380

FEC ID number of contributing  
federal political committee.

C

C00231951

Name of Employer

Occupation

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11C.14180

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 179

(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)  
**BAKER DONELSON, BEARMAN, CALDWELL AND BENKOWITZ PC PAC (BAKER DONELSON PAC)**

Mailing Address **Lincoln Square**  
**555 Eleventh Street NW Sixth Floor**

City State Zip Code  
**Washington DC 20004**

FEC ID number of contributing federal political committee. **C C00431072**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt

**04 / 10 / 2008**

Transaction ID: SA11C.13968

Amount of Each Receipt this Period

**1000.00**

General

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

**B.** Full Name (Last, First, Middle Initial)  
**BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE**

Mailing Address **1275 PENNSYLVANIA AVE NW 10TH FLR**

City State Zip Code  
**WASHINGTON DC 20004**

FEC ID number of contributing federal political committee. **C C00358440**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
**7500.00**

Date of Receipt

**06 / 30 / 2008**

Transaction ID: SA11C.14537

Amount of Each Receipt this Period

**2500.00**

General

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

**C.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)**

Mailing Address **1200 WILSON BLVD**

City State Zip Code  
**ARLINGTON VA 22209**

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
**7000.00**

Date of Receipt

**04 / 30 / 2008**

Transaction ID: SA11C.14106

Amount of Each Receipt this Period

**2000.00**

General

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

SUBTOTAL of Receipts This Page (optional) ▶

**5500.00**

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

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

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

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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)  
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)  
Mailing Address 1200 WILSON BLVD

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing  
federal political committee. **C** C00142711

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
8000.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11C.14206

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
BRACEPAC  
Mailing Address 2000 K Street NW  
Suite 500

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee. **C** C00021295

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11C.13966

Amount of Each Receipt this Period

2500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
BROWNSTEIN HYATT FARBER SCHRECK P.C. POLITICAL ACTION COMMITTEE  
Mailing Address 410 Seventeenth Street 22nd Floor

City State Zip Code  
Denver CO 80202

FEC ID number of contributing  
federal political committee. **C** C00390583

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: SA11C.13869

Amount of Each Receipt this Period

1000.00

General

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

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

4500.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
BRYAN CAVE LLP POLITICAL ACTION COMMITTEE

Mailing Address 700 13th Street N.W.  
Suite 700

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. **C** C00332643

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11C.13964

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2198

City State Zip Code  
LOS BANOS CA 93635

FEC ID number of contributing  
federal political committee. **C** C00349746

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11C.14458

Amount of Each Receipt this Period

5000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
CHILDPAC

Mailing Address 1666 K STREET NW SUITE 700

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing  
federal political committee. **C** C00389296

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
04 / 07 / 2008

Transaction ID: SA11C.13797

Amount of Each Receipt this Period

2000.00

General

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

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

8000.00

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

28020450890

**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)  
 CLEAR CHANNEL COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Mailing Address 200 E. Basse Road

City State Zip Code  
 San Antonio TX 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2008

Transaction ID: SA11C.14531

Amount of Each Receipt this Period

2500.00

General

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

B.

Full Name (Last, First, Middle Initial)  
 COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE; THE

Mailing Address 701 Pennsylvania Avenue NW  
 Suite 750

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 7000.00

Date of Receipt

MM / DD / YYYY  
 04 / 24 / 2008

Transaction ID: SA11C.13928

Amount of Each Receipt this Period

5000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
 CUBIC CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 9333 Balboa Ave. M/S 10-2

City State Zip Code  
 San Diego CA 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
 2500.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2008

Transaction ID: SA11C.14533

Amount of Each Receipt this Period

2500.00

General

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

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

10000.00

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



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

DIGITALGLOBE PAC INC

Mailing Address 1601 DRY CREEK DRIVE STE 260

City

LONGMONT

State

CO

Zip Code

80503

FEC ID number of contributing  
federal political committee.

C C00370585

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11C.14265

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1225 CONNECTICUT AVE NW SUITE 800

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C C00227744

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: SA11C.14185

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

FLORIDA SUGAR CANE LEAGUE PAC

Mailing Address 115 SOUTH LOPEZ DRAWER 1208

City

CLEWISTON

State

FL

Zip Code

33440

FEC ID number of contributing  
federal political committee.

C C00012328

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11C.14210

Amount of Each Receipt this Period

2000.00

General

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

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

5000.00

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

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

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

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(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
**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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1500.00**

Date of Receipt

**04 / 10 / 2008**

Transaction ID: **SA11C.13963**

Amount of Each Receipt this Period

**1500.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)  
**GREAT LAKES SUGAR BEET GROWERS POLITICAL ACTION COMMITTEE (GLSBGPAC)**

Mailing Address **4800 FASHION SQUARE BLVD  
485 PLAZA NORTH**

City State Zip Code  
**SAGINAW MI 48604**

FEC ID number of contributing federal political committee. **C C00168542**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
**2000.00**

Date of Receipt

**05 / 15 / 2008**

Transaction ID: **SA11C.14141**

Amount of Each Receipt this Period

**1000.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)  
**HARDWOOD FEDERATION PAC INC**

Mailing Address **1111 Nineteenth Street NW;  
Suite 800**

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing federal political committee. **C C00396671**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
**6500.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: **SA11C.13929**

Amount of Each Receipt this Period

**1500.00**

General

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

SUBTOTAL of Receipts This Page (optional) ▶

**4000.00**

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

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

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

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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)  
HCA INC. GOOD GOVERNMENT FUND

Mailing Address PO BOX 550  
ONE PARK PLAZA

City State Zip Code  
NASHVILLE TN 37203

FEC ID number of contributing  
federal political committee.

C C00067231

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11C.14267

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)

HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 PENNSYLVANIA AVE NW STE 100

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing  
federal political committee.

C C00171330

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: SA11C.13874

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)

II-VI INCORPORATED PAC

Mailing Address 375 Saxonburg Boulevard

City State Zip Code  
Saxonburg PA 16056

FEC ID number of contributing  
federal political committee.

C C00377960

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
05 / 19 / 2008

Transaction ID: SA11C.15115

Amount of Each Receipt this Period

2300.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

4300.00

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

**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)  
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Mailing Address 7525 RED RIVER ROAD

City State Zip Code  
WAHPETON ND 58075

FEC ID number of contributing  
federal political committee. C C00164939

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11C.14143

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
MWH AMERICAS INC. EMPLOYEE PAC

Mailing Address 380 Interlocken Crescent  
Suite 200

City State Zip Code  
Broomfield CO 80021

FEC ID number of contributing  
federal political committee. C C00242370

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
04 / 10 / 2008

Transaction ID: SA11C.13937

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF POSTMASTERS OF THE UNITED STATES (NAPUS PAC)

Mailing Address 8 Herbert Street

City State Zip Code  
Alexandria VA 22305

FEC ID number of contributing  
federal political committee. C C00100404

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
04 / 04 / 2008

Transaction ID: SA11C.13786

Amount of Each Receipt this Period

2000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

5000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

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

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee. **C** C00144766

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2008

Transaction ID: SA11C.14103

Amount of Each Receipt this Period

2500.00

General

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

B.

Full Name (Last, First, Middle Initial)  
NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)

Mailing Address 701 Pennsylvania Ave. NW  
Suite 725

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00033969

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
9000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11C.14464

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
NOVO NORDISK INC. POLITICAL ACTION COMMITTEE

Mailing Address 500 New Jersey Avenue NW  
Suite 350

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. **C** C00424838

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
04 / 22 / 2008

Transaction ID: SA11C.13872

Amount of Each Receipt this Period

2000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

6500.00

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

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

Use separate schedule(s)  
for each category of the  
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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)

**NRA POLITICAL VICTORY FUND**

Mailing Address **11250 WAPLES MILL ROAD**

City

**FAIRFAX**

State

**VA**

Zip Code

**22030**

FEC ID number of contributing  
federal political committee.

**C** **C00053553**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4500.00**

Date of Receipt

**04 / 17 / 2008**

Transaction ID: **SA11C.13847**

Amount of Each Receipt this Period

**2000.00**

General

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

**B.**

Full Name (Last, First, Middle Initial)

**NRA POLITICAL VICTORY FUND**

Mailing Address **11250 WAPLES MILL ROAD**

City

**FAIRFAX**

State

**VA**

Zip Code

**22030**

FEC ID number of contributing  
federal political committee.

**C** **C00053553**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**7000.00**

Date of Receipt

**06 / 30 / 2008**

Transaction ID: **SA11C.14536**

Amount of Each Receipt this Period

**2500.00**

General

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

**C.**

Full Name (Last, First, Middle Initial)

**OSI SYSTEMS INC PAC OSI PAC**

Mailing Address **1530 WILSON BLVD SUITE 170**

City

**ARLINGTON**

State

**VA**

Zip Code

**22209**

FEC ID number of contributing  
federal political committee.

**C** **C00414896**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**4300.00**

Date of Receipt

**04 / 10 / 2008**

Transaction ID: **SA11C.14093**

Amount of Each Receipt this Period

**2300.00**

General

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

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

**6800.00**

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

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

Use separate schedule(s)  
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(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)  
**PEOPLE PAC (PACCAR INC EMPLOYEES ORGANIZED FOR POLITICAL LEADERSHIP AND EDUCATION)**

Mailing Address **777 106TH AVE NE**  
**PO BOX 1518**

City State Zip Code  
**BELLEVUE WA 98009**

FEC ID number of contributing federal political committee. **C C00034355**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
**04 / 15 / 2008**

Transaction ID: SA11C.13825

Amount of Each Receipt this Period

2000.00

General

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

**B.**

Full Name (Last, First, Middle Initial)  
**PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE**

Mailing Address **1100 15TH STREET NW SUITE 900**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing federal political committee. **C C00021972**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5500.00

Date of Receipt

MM / DD / YYYY  
**06 / 30 / 2008**

Transaction ID: SA11C.14532

Amount of Each Receipt this Period

1000.00

General

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

**C.**

Full Name (Last, First, Middle Initial)  
**PINNACLE WEST CAPITAL CORPORATION PAC**

Mailing Address **801 Pennsylvania Ave NW**  
**Suite 214**

City State Zip Code  
**Washington DC 20004**

FEC ID number of contributing federal political committee. **C C00015933**

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
**05 / 19 / 2008**

Transaction ID: SA11C.14182

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

4000.00

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

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

Use separate schedule(s)  
for each category of the  
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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)

RAIN AND HAIL INSURANCE SOCIETY POLITICAL ACTION COMMITTEE

Mailing Address 1501 - 50TH ST SUITE 200

City

WEST DES MOINES

State

IA

Zip Code

50266

FEC ID number of contributing  
federal political committee.

C C00279505

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

04 / 17 / 2008

Transaction ID: SA11C.13848

Amount of Each Receipt this Period

5000.00

General

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

B.

Full Name (Last, First, Middle Initial)

RENASANT BANK EMPLOYEES' VOLUNTARY POLITICAL COMMITTEE

Mailing Address 209 TROY STREET  
PO BOX 709

City

TUPELO

State

MS

Zip Code

38802

FEC ID number of contributing  
federal political committee.

C C00191759

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

04 / 17 / 2008

Transaction ID: SA11C.13852

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)

ROCHE INC. GOOD GOVERNMENT FUND

Mailing Address 340 Kingsland Street

City

Nutley

State

NJ

Zip Code

07110

FEC ID number of contributing  
federal political committee.

C C00072769

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

06 / 26 / 2008

Transaction ID: SA11C.14463

Amount of Each Receipt this Period

1500.00

General

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

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

8500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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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)  
SAIC VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 10260 CAMPUS POINT DRIVE F2

City State Zip Code  
SAN DIEGO CA 92121

FEC ID number of contributing  
federal political committee.

C C00300418

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

7000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA11C.14535

Amount of Each Receipt this Period

2500.00

General

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

B.

Full Name (Last, First, Middle Initial)  
SENATOR JOHN WARNER COMMITTEE, THE

Mailing Address PO BOX 3536

City State Zip Code  
MERRIFIELD VA 22116

FEC ID number of contributing  
federal political committee.

C C00384677

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11C.14142

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
SNAKE RIVER SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 1520

City State Zip Code  
OGDEN UT 84402

FEC ID number of contributing  
federal political committee.

C C00326389

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA11C.14130

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

5500.00

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

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

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

A.

Full Name (Last, First, Middle Initial)  
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code  
RENVILLE MN 56284

FEC ID number of contributing  
federal political committee. C C00166348

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: SA11C.14251

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
SOUTHERN MINNESOTA SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City State Zip Code  
RENVILLE MN 56284

FEC ID number of contributing  
federal political committee. C C00166348

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11C.14144

Amount of Each Receipt this Period

1000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

Mailing Address PO BOX 666

City State Zip Code  
BELLE GLADE FL 33430

FEC ID number of contributing  
federal political committee. C C00254656

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11C.14462

Amount of Each Receipt this Period

1000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

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

Mailing Address 40 WESTMINSTER STREET

City State Zip Code  
PROVIDENCE RI 02903

FEC ID number of contributing  
federal political committee.

C C00123612

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

2000.00

Date of Receipt

05 / 05 / 2008

Transaction ID: SA11C.14125

Amount of Each Receipt this Period

2000.00

General

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

B.

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

Mailing Address 40 WESTMINSTER STREET

City State Zip Code  
PROVIDENCE RI 02903

FEC ID number of contributing  
federal political committee.

C C00123612

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

3500.00

Date of Receipt

05 / 30 / 2008

Transaction ID: SA11C.14207

Amount of Each Receipt this Period

1500.00

General

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

C.

Full Name (Last, First, Middle Initial)  
UNITED EGG ASSOCIATION POLITICAL ACTION COMMITTEE (EGGPAC)

Mailing Address 1303 HIGHTOWER TRAIL - SUITE 200

City State Zip Code  
ATLANTA GA 30350

FEC ID number of contributing  
federal political committee.

C C00172841

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

5000.00

Date of Receipt

04 / 17 / 2008

Transaction ID: SA11C.13850

Amount of Each Receipt this Period

5000.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

8500.00

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

**SCHEDULE A (FEC Form 3 )**  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE  
Mailing Address 1156 15TH STREET NW SUITE 1019

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00063586

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: SA11C.14208

Amount of Each Receipt this Period

1000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION COMMITTEE  
Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
4500.00

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: SA11C.14186

Amount of Each Receipt this Period

2000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
VIKING RANGE CORPORATION  
Mailing Address 111 FRONT STREET

City State Zip Code  
GREENWOOD MS 38930

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
4500.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: SA11C.14282

Amount of Each Receipt this Period

1500.00

General

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

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

4500.00

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

**SCHEDULE A (FEC Form 3 )**  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
VT HALTER MARINE INC POLITICAL ACTION COMMITTEE  
Mailing Address 900 BAYOU CASOTTE PARKWAY

City State Zip Code  
PASCAGOULA MS 39581

FEC ID number of contributing federal political committee. **C** C00321802

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

MM / DD / YYYY  
04 / 07 / 2008

Transaction ID: SA11C.13799

Amount of Each Receipt this Period

2000.00

General

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

B.

Full Name (Last, First, Middle Initial)  
WESTERN PEANUT GROWERS POLITICAL ACTION COMMITTEE  
Mailing Address PO BOX 252

City State Zip Code  
SEMINOLE TX 79360

FEC ID number of contributing federal political committee. **C** C00254847

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
7000.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11C.13851

Amount of Each Receipt this Period

5000.00

General

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

C.

Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE  
Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: SA11C.14457

Amount of Each Receipt this Period

2500.00

General

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

SUBTOTAL of Receipts This Page (optional) ▶

9500.00

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

134900.00

**SCHEDULE A (FEC Form 3 )**  
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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)  
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City State Zip Code  
ARLINGTON VA 22215

FEC ID number of contributing  
federal political committee.

**C** C00430470

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA14.14133

Amount of Each Receipt this Period

1000.00

REFUND

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

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

1000.00

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

1000.00

**SCHEDULE A (FEC Form 3 )**  
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☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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

**A.**

Full Name (Last, First, Middle Initial)

**BANK OF NEW ALBANY**

Mailing Address **P.O. BOX 811**

City

**NEW ALBANY**

State

**MS**

Zip Code

**38652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**9387.05**

Date of Receipt

**04 / 30 / 2008**

Transaction ID: **SA15.14108**

Amount of Each Receipt this Period

**210.84**

Interest Income

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

**B.**

Full Name (Last, First, Middle Initial)

**BANK OF NEW ALBANY**

Mailing Address **P.O. BOX 811**

City

**NEW ALBANY**

State

**MS**

Zip Code

**38652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**9591.09**

Date of Receipt

**05 / 30 / 2008**

Transaction ID: **SA15.14715**

Amount of Each Receipt this Period

**204.04**

Interest Income

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

**C.**

Full Name (Last, First, Middle Initial)

**BANK OF NEW ALBANY**

Mailing Address **P.O. BOX 811**

City

**NEW ALBANY**

State

**MS**

Zip Code

**38652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**9842.74**

Date of Receipt

**06 / 30 / 2008**

Transaction ID: **SA15.14511**

Amount of Each Receipt this Period

**251.65**

Interest Income

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

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

**666.53**

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

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

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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)  
RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)  
Mailing Address P.O. BOX 709

City State Zip Code  
TUPELO MS 38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12491.23

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2008

Transaction ID: SA15.14212

Amount of Each Receipt this Period

459.16

Interest Income

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

B.

Full Name (Last, First, Middle Initial)  
RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)  
Mailing Address P.O. BOX 709

City State Zip Code  
TUPELO MS 38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12745.35

Date of Receipt

MM / DD / YYYY  
05 / 31 / 2008

Transaction ID: SA15.14214

Amount of Each Receipt this Period

254.12

Interest Income

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

C.

Full Name (Last, First, Middle Initial)  
RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)  
Mailing Address P.O. BOX 709

City State Zip Code  
TUPELO MS 38802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12982.37

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: SA15.14643

Amount of Each Receipt this Period

237.02

Interest Income

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

SUBTOTAL of Receipts This Page (optional) ▶

950.30

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

1616.83



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

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

A.

Full Name (Last, First, Middle Initial)  
AMERICAN RED CROSS

Mailing Address P.O. BOX 97

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.13983

Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)  
AMOCO OIL - BATESVILLE

Mailing Address 1188 HIGHWAY 6 EAST

City BATESVILLE State MS Zip Code 38606

Purpose of Disbursement  
Gas

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14023

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

26.03

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
AMOCO OIL - OLIVE BRANCH

Mailing Address 10068 HWY 51

City OLIVE BRANCH State MS Zip Code 38654

Purpose of Disbursement  
Gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14031

Date of Disbursement

03 / 16 / 2008

Amount of Each Disbursement this Period

62.61

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

250.00

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

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

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

A.

Full Name (Last, First, Middle Initial)  
AMOCO OIL OXFORD

Mailing Address 2018 UNIVERSITY AVE

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Campaign vehicle - gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14660  
Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

69.14

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
AMOCO OIL OXFORD

Mailing Address 2018 UNIVERSITY AVE

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Campaign vehicle - gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14675  
Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

34.56

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address P.O. BOX 9001310

City LOUISVILLE State KY Zip Code 40290

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.13980  
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

860.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

860.00

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

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address P.O. BOX 9001310

City LOUISVILLE State KY Zip Code 40290

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14014  
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

516.14

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

B.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address P.O. BOX 9001310

City LOUISVILLE State KY Zip Code 40290

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14364  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

544.68

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

C.

Full Name (Last, First, Middle Initial)  
AT&T MOBILITY

Mailing Address POST OFFICE BOX 1

City ATLANTA State GA Zip Code 11111

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14003  
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

372.17

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

SUBTOTAL of Disbursements This Page (optional) ▶

1432.99

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

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

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
AT&T MOBILITY

Mailing Address POST OFFICE BOX 1

City ATLANTA State GA Zip Code 11111

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB17.14366

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

206.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
AT&T MOBILITY

Mailing Address POST OFFICE BOX 1

City ATLANTA State GA Zip Code 11111

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14602

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

187.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
AVIS

Mailing Address 6 SYLVAN WAY

City PARSIPPANY State NJ Zip Code 07054

Purpose of Disbursement  
Rental car

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14391

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

496.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

394.19

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
JON BELLISH

Mailing Address P.O. BOX 13292

City State Zip Code  
JACKSON MS 39236

Purpose of Disbursement  
Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14375

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

212.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
BELLSOUTH

Mailing Address P.O. BOX 740144

City State Zip Code  
ATLANTA GA 30374-0144

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14450

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

67.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
BELLSOUTH

Mailing Address P.O. BOX 740144

City State Zip Code  
ATLANTA GA 30374-0144

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14451

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

210.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

212.50

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
BIG CITY DIRECT

Mailing Address 161 HUDSON STREET

City NEW YORK State NY Zip Code 10013

Purpose of Disbursement  
Computer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14448

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

391.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
BISTRO BIS

Mailing Address 15 E ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Meal - Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14692

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

87.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
BOSTON COACH

Mailing Address 69 NORMAN STREET

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14078

Date of Disbursement

03 / 20 / 2008

Amount of Each Disbursement this Period

389.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
BOSTON COACH

Mailing Address 69 NORMAN STREET

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14087  
Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

106.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
BOSTON COACH

Mailing Address 69 NORMAN STREET

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14088  
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

89.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
BOSTON COACH

Mailing Address 69 NORMAN STREET

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14393  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

262.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
BOSTON COACH

Mailing Address 69 NORMAN STREET

City State Zip Code  
EVERETT MA 02149

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14398

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

707.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
BOURE'

Mailing Address 309 N. LAMAR

City State Zip Code  
OXFORD MS 38655

Purpose of Disbursement  
Hospitality

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14658

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

35.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
BOWIE AUDIO VISUAL

Mailing Address 290 HIGHPOINT DRIVE

City State Zip Code  
RIDGELAND MS 39157

Purpose of Disbursement  
Equipment rental - microphone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14614

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

321.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

321.00



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
BRIDGEFIELD CASUALTY INSURANCE CO.

Mailing Address P.O. BOX 32034

City State Zip Code  
LAKELAND FL 33802

Purpose of Disbursement  
Liability Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14346

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

782.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City State Zip Code  
MADISON MS 39110

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14353

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

425.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City State Zip Code  
MADISON MS 39110

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14703

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1004.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2211.42

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14708

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1034.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement

Reimbursed expenses- Supplies/Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14617

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

265.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
NATALIE BUCHANAN

Mailing Address 126 CHADWYCK PLACE

City MADISON State MS Zip Code 39110

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14713

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

1034.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2334.70

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
BUSINESS CARD

Mailing Address P.O. BOX 15184

City State Zip Code  
WILMINGTON DE 19850

Purpose of Disbursement  
See credit memos

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14076  
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

2333.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
BUSINESS CARD

Mailing Address P.O. BOX 15184

City State Zip Code  
WILMINGTON DE 19850

Purpose of Disbursement  
See Credit Memos

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14385  
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

2735.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
BUSINESS CARD

Mailing Address P.O. BOX 15184

City State Zip Code  
WILMINGTON DE 19850

Purpose of Disbursement  
See Credit Memos

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14637  
Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

330.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5400.83

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
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

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14022  
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

5409.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
CARDMEMBER SERVICE

Mailing Address P.O. BOX 790408

City State Zip Code  
ST. LOUIS MO 63179-0408

Purpose of Disbursement  
See Credit Memos  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14403  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

4191.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
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

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14636  
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

2514.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

12116.06

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
CARROLL TRAVEL

Mailing Address 201 MASSACHUSETTS AVENUE NE  
SUITE C-9

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel Agent Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14386  
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
CHEVRON - OXFORD

Mailing Address 2625 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14049  
Date of Disbursement

03 / 29 / 2008

Amount of Each Disbursement this Period

52.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
CHEVRON - PEARL

Mailing Address 251 AIRPORT RD S.

City PEARL State MS Zip Code 39208

Purpose of Disbursement  
Gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14053  
Date of Disbursement

03 / 30 / 2008

Amount of Each Disbursement this Period

5.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
CHICK FIL A

Mailing Address 1065 E COUNTY LINE RD

City JACKSON State MS Zip Code 39211

Purpose of Disbursement  
Meal

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14057  
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

6.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
CITY GROCERY

Mailing Address 152 COURTHOUSE SQUARE

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
GIFT CERTIFICATE

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14406  
Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
CJ'S FLORIST

Mailing Address 228 W. 21ST AVE.

City COVINGTON State LA Zip Code 70433

Purpose of Disbursement  
Funeral flowers

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14400  
Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

97.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
COAST BUSINESS CONSULTING, LLC

Mailing Address P.O. BOX 4147

City BILOXI State MS Zip Code 39535

Purpose of Disbursement

Rent/Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14350

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

700.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
COAST BUSINESS CONSULTING, LLC

Mailing Address P.O. BOX 4147

City BILOXI State MS Zip Code 39535

Purpose of Disbursement

Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14383

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
THAD COCHRAN

Mailing Address 218-A MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MS District: 00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.13979

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

78.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1378.95

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
THAD COCHRAN

Mailing Address 218-A MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 00

Transaction ID: SB17.14336

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1184.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
THAD COCHRAN

Mailing Address 218-A MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Reimbursed Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 00

Transaction ID: SB17.14355

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

71.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
THAD COCHRAN

Mailing Address 218-A MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 00

Transaction ID: SB17.14373

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

192.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1447.98

TOTAL This Period (last page this line number only) ▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
THAD COCHRAN

Mailing Address 218-A MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Reimbursed expenses - postage  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: MS District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14599  
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

16.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
THAD COCHRAN

Mailing Address 218-A MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Reimbursed expenses - travel  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
State: MS District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14609  
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

63.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
COURTYARD BY MARRIOTT-WASHINGTON DC

Mailing Address 1900 CONNECTICUT AVE, NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Lodging - campaign training  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14027  
Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

1654.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

80.37

TOTAL This Period (last page this line number only) ▶

28020450924

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
COURTYARD BY MARRIOTT-WASHINGTON DC

Mailing Address 1900 CONNECTICUT AVE, NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Lodging - campaign training

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14029  
Date of Disbursement

03 / 16 / 2008

Amount of Each Disbursement this Period

330.22

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
COURTYARD BY MARRIOTT-WASHINGTON DC

Mailing Address 1900 CONNECTICUT AVE, NW

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14420  
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

1003.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
DAVIS FORD SALES

Mailing Address P.O. BOX 8

City FULTON State MS Zip Code 38843

Purpose of Disbursement  
Vehicle lease

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13982  
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

800.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

800.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

**A.**

Full Name (Last, First, Middle Initial)  
DAVIS FORD SALES

Mailing Address P.O. BOX 8

City FULTON State MS Zip Code 38843

Purpose of Disbursement  
Vehicle lease

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14367

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

800.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
DAVIS FORD SALES

Mailing Address P.O. BOX 8

City FULTON State MS Zip Code 38843

Purpose of Disbursement  
Campaign vehicle lease

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14603

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

800.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
DEATON & DEATON, P.A.

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Accounting and administrative services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14015

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

614.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2214.68

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
DEATON & DEATON, P.A.

Mailing Address P.O. BOX 1726

City State Zip Code  
TUPELO MS 38802

Purpose of Disbursement

Administrative

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14363

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1083.39

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
DEATON & DEATON, P.A.

Mailing Address P.O. BOX 1726

City State Zip Code  
TUPELO MS 38802

Purpose of Disbursement

Administrative and Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14619

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

470.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
DELL

Mailing Address

City State Zip Code

Purpose of Disbursement

Software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14044

Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

149.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1554.19

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DELL</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement<br/>Office equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p>Transaction ID: SB17.14065<br/>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>1387.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53<br/><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DELL RAE, LTD</p> <p>Mailing Address 6 DRAKE LANDING</p> <p>City State Zip Code<br/>RAYMOND MS 39154</p> <p>Purpose of Disbursement<br/>Printing/reproduction</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p>Transaction ID: SB17.14379<br/>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>21346.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p>                       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DIPSTIX</p> <p>Mailing Address 2525 JACKSON AVE.</p> <p>City State Zip Code<br/>OXFORD MS 38655</p> <p>Purpose of Disbursement<br/>Campaign vehicle - maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.14673<br/>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 5 / 1 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period<br/>32.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53<br/><b>[MEMO ITEM]</b></p>   |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>  |   |

21346.50

28020450028

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
EXXONMOBIL

Mailing Address 1035 E COUNTY LINE ROAD

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14061

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

59.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
EXXONMOBIL - OXFORD

Mailing Address 425 S. LAMAR BLVD.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14038

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

62.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
EXXONMOBIL - OXFORD

Mailing Address 425 S. LAMAR BLVD.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Gas

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14414

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

71.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
EXXONMOBIL - OXFORD

Mailing Address 425 S. LAMAR BLVD.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Campaign vehicle - gasoline  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14657  
Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

35.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
FASTBREAK

Mailing Address 1114 HIGHWAY 45 S

City WEST POINT State MS Zip Code 39773

Purpose of Disbursement  
Fuel  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14425  
Date of Disbursement

04 / 20 / 2008

Amount of Each Disbursement this Period

59.07

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City MEMPHIS State TN Zip Code 38101

Purpose of Disbursement  
Postage/Delivery  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14365  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

219.68

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

219.68

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
Postage - Delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14604  
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

338.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code  
MEMPHIS TN 38101

Purpose of Disbursement  
Postage and delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14616  
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

5.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
FIVE GUYS

Mailing Address 1100 NEW JERSEY AVE, SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
Meal

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14025  
Date of Disbursement

03 / 12 / 2008

Amount of Each Disbursement this Period

15.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

343.56

TOTAL This Period (last page this line number only) ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)  
FLAT CREEK MANAGEMENT, LLC

Mailing Address 1708 21ST AVE SOUTH #140

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
Website Management

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13986

Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

3013.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)  
FLAT CREEK MANAGEMENT, LLC

Mailing Address 1708 21ST AVE SOUTH #140

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
Website management

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14352

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

4993.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)  
FLAT CREEK MANAGEMENT, LLC

Mailing Address 1708 21ST AVE SOUTH #140

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement  
Website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14627

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

8530.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

16536.85

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
LILLIE FLENORL

Mailing Address P.O. BOX 84

City State Zip Code  
UNIVERSITY MS 38677

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13991  
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

982.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
LILLIE FLENORL

Mailing Address P.O. BOX 84

City State Zip Code  
UNIVERSITY MS 38677

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14019  
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

982.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
LILLIE FLENORL

Mailing Address P.O. BOX 84

City State Zip Code  
UNIVERSITY MS 38677

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14695  
Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

982.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2947.12

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
LILLIE FLENORL

Mailing Address P.O. BOX 84

City State Zip Code  
UNIVERSITY MS 38677

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14701  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

982.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
LILLIE FLENORL

Mailing Address P.O. BOX 84

City State Zip Code  
UNIVERSITY MS 38677

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14706  
Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

982.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
LILLIE FLENORL

Mailing Address P.O. BOX 84

City State Zip Code  
UNIVERSITY MS 38677

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14711  
Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

982.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2947.13

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
FLOWERS BY MICHELE

Mailing Address 124 PINE AVE W

City State Zip Code  
WIGGINS MS 39577

Purpose of Disbursement  
Funeral flowers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14394  
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

85.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
GREENBROOK FLOWERS

Mailing Address 705 NORTH STATE STREET

City State Zip Code  
JACKSON MS 39202

Purpose of Disbursement  
Flowers for funeral

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14593  
Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

93.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
HAMPTON INN - MERIDIAN

Mailing Address 103 HWY 11 AND 80

City State Zip Code  
MERIDIAN MS 39301

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14058  
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

361.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

93.04

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
HARKINS THE FLORIST

Mailing Address 1601 Magazine Street

City State Zip Code  
NEW ORLEANS LA 70130

Purpose of Disbursement  
Funeral flowers

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14392  
Date of Disbursement

04 / 28 / 2008

Amount of Each Disbursement this Period

59.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
B. KEITH HEARD

Mailing Address 1300 CONNECTICUT AVE, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20036

Purpose of Disbursement  
Event expenses - catering

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14618  
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

4410.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
HEDERMAN BROTHERS

Mailing Address P.O. BOX 6100

City State Zip Code  
RIDGELAND MS 39158

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14008  
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

490.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

4901.73

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
HEDERMAN BROTHERS

Mailing Address P.O. BOX 6100

City RIDGELAND State MS Zip Code 39158

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14017

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

570.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
HEDERMAN BROTHERS

Mailing Address P.O. BOX 6100

City RIDGELAND State MS Zip Code 39158

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14596

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

518.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
HELEN'S FLORIST

Mailing Address 1103 MISSION PARK D

City VICKSBURG State MS Zip Code 39180

Purpose of Disbursement  
Funeral flowers

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14389

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

74.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1089.26

TOTAL This Period (last page this line number only) ▶

28020450037

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
INSURANCE & RISK MANAGERS

Transaction ID: SB17.14018  
Date of Disbursement

Mailing Address P.O. BOX 910

M  M /  D  D /  Y  Y  Y  Y  
04 23 2008

City State Zip Code  
BROOKHAVEN MS 39602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Insurance policy  
Candidate Name

Category/  
Type

193.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
INSURANCE & RISK MANAGERS

Transaction ID: SB17.14632  
Date of Disbursement

Mailing Address P.O. BOX 910

M  M /  D  D /  Y  Y  Y  Y  
06 26 2008

City State Zip Code  
BROOKHAVEN MS 39602

Amount of Each Disbursement this Period

Purpose of Disbursement  
Insurance - Property Coverage  
Candidate Name

Category/  
Type

255.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Transaction ID: SB17.14000  
Date of Disbursement

Mailing Address

M  M /  D  D /  Y  Y  Y  Y  
04 11 2008

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll taxes  
Candidate Name

Category/  
Type

1090.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1538.80

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

## A. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE

Mailing Address

City State Zip Code

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14002

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

28.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

## B. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE

Mailing Address

City State Zip Code

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14021

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

3218.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

## C. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE

Mailing Address

City State Zip Code

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14644

Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

4431.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7678.29

TOTAL This Period (last page this line number only) ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address

City State Zip Code

Purpose of Disbursement

Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14645

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

5116.63

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)  
MICHAEL JANUS

Mailing Address 461 CARMARGUE LANE

City State Zip Code  
BILOXI MS 39531

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14704

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1275.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)  
MICHAEL JANUS

Mailing Address 461 CARMARGUE LANE

City State Zip Code  
BILOXI MS 39531

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14709

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1275.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7667.13

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
MICHAEL JANUS

Mailing Address 461 CARMARGUE LANE

City State Zip Code  
BILOXI MS 39531

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14714  
Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

1737.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
B. BRYAN JONES, III

Mailing Address P.O. BOX 1062

City State Zip Code  
YAZOO CITY MS 39194

Purpose of Disbursement  
Event expense - catering

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14591  
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

402.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
BOB JONES

Mailing Address 950 F STREET, NW

City State Zip Code  
WASHINGTON DC 20004

Purpose of Disbursement  
In-kind -

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.15105  
Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

1545.59

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3685.09

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
JULEP

Mailing Address 1305 E NORTHSIDE DR

City State Zip Code  
JACKSON MS 39211

Purpose of Disbursement

Catering - Fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14342

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

993.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
KAREN BURRUS

Mailing Address POST OFFICE BOX 956

City State Zip Code  
GREENWOOD MS 38930

Purpose of Disbursement

Event expense - catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14597

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

3899.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
LAGANA PRINTING

Mailing Address 513 C STREET, NE

City State Zip Code  
WASHINGTON DC 20002

Purpose of Disbursement

Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13999

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

2324.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7217.53

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
LAGANA PRINTING

Mailing Address 513 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14610

Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

1009.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
LAGANA PRINTING

Mailing Address 513 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14623

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

1551.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13987

Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

98.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2659.40

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13990  
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14020  
Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14694  
Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7372.80

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14700

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14705

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
MINDY MAXWELL

Mailing Address 310 WELLINGTON COURT

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14710

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

2457.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7372.80

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
MCALISTER'S DELI

Mailing Address 1515 UNIVERSITY AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Meal/Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14424  
Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

26.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
BILLY MCBEATH

Mailing Address 10241 RD 216

City UNION State MS Zip Code 39365

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14696  
Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1004.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
BILLY MCBEATH

Mailing Address 10241 RD 216

City UNION State MS Zip Code 39365

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14370  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

68.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1072.73

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
BILLY MCBEATH

Mailing Address 10241 RD 216

City State Zip Code  
UNION MS 39365

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14702  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1004.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
BILLY MCBEATH

Mailing Address 10241 RD 216

City State Zip Code  
UNION MS 39365

Purpose of Disbursement  
Reimbursed expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14377  
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

48.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
BILLY MCBEATH

Mailing Address 10241 RD 216

City State Zip Code  
UNION MS 39365

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14707  
Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1004.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2056.84

TOTAL This Period (last page this line number only) ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

**A.** Full Name (Last, First, Middle Initial)  
BILLY MCBEATH

Mailing Address 10241 RD 216

City UNION State MS Zip Code 39365

Purpose of Disbursement  
Reimbursed expenses-vehicle maintenance

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14611  
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

87.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
BILLY MCBEATH

Mailing Address 10241 RD 216

City UNION State MS Zip Code 39365

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14712  
Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

1004.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL R. MCLEOD

Mailing Address One Massachusetts Ave., N.W.  
Suite 800

City Washington State DC Zip Code 20001

Purpose of Disbursement  
In-kind -

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.15101  
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

269.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1361.54

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
MECHANICS BANK

Transaction ID: SB17.13988  
Date of Disbursement

Mailing Address P.O. BOX 310

M  M /  D  D /  Y  Y  Y  Y  
04 09 2008

City State Zip Code  
OXFORD MS 38655

Amount of Each Disbursement this Period

Purpose of Disbursement  
Rent

2695.56

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
MECHANICS BANK

Transaction ID: SB17.14075  
Date of Disbursement

Mailing Address P.O. BOX 310

M  M /  D  D /  Y  Y  Y  Y  
04 29 2008

City State Zip Code  
OXFORD MS 38655

Amount of Each Disbursement this Period

Purpose of Disbursement  
Rent

2695.56

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
MECHANICS BANK

Transaction ID: SB17.14378  
Date of Disbursement

Mailing Address P.O. BOX 310

M  M /  D  D /  Y  Y  Y  Y  
05 30 2008

City State Zip Code  
OXFORD MS 38655

Amount of Each Disbursement this Period

Purpose of Disbursement  
Rent

2695.56

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

8086.68

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
MEDGAR EVERS/BB KING HOMECOMING COMMITTEE

Mailing Address 1018 PECAN PARK CIRCLE

City JACKSON State MS Zip Code 39209

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14360

Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
MEMPHIS INTERNATIONAL AIRPORT

Mailing Address 2491 WINCHESTER

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement

Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14030

Date of Disbursement

03 / 16 / 2008

Amount of Each Disbursement this Period

77.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
MISS EMPLOYMENT SEC COMM

Mailing Address P.O. BOX 22781

City JACKSON State MS Zip Code 39225-2781

Purpose of Disbursement

Payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13995

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

97.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

397.20

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
NAIL MCKINNEY, P.A.

Mailing Address P.O. BOX 196

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Accounting services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14343

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

165.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
NAIL MCKINNEY, P.A.

Mailing Address P.O. BOX 196

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Accounting services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14606

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

98.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
NEB'S CAFE

Mailing Address 201 MASS. AVE. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Meal - meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14396

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

28.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

263.89

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
NEVADA BOB'S

Mailing Address 4800 I-55 N. SUITE 12

City JACKSON State MS Zip Code 39211

Purpose of Disbursement

Printing/Reproduction

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14345

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

960.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
NORTH MEETS SOUTH

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Event expense - catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14595

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

2038.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
NORTH MEETS SOUTH

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement

Event Expense - Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14633

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

4131.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

7130.09

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
NORTHWEST AIRLINES

Mailing Address 7500 AIRLINE DRIVE

City MINNEAPOLIS State MN Zip Code 55450

Purpose of Disbursement  
Travel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14045

Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

353.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
NORTHWEST AIRLINES

Mailing Address 7500 AIRLINE DRIVE

City MINNEAPOLIS State MN Zip Code 55450

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14089

Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

699.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
NORTHWEST AIRLINES

Mailing Address 7500 AIRLINE DRIVE

City MINNEAPOLIS State MN Zip Code 55450

Purpose of Disbursement  
Travel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14431

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

662.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement

Office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14042

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

554.28

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement

Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14066

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

18.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement

Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14430

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

64.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14434  
Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

181.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14672  
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

52.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14676  
Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

94.22

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14681

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

160.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

OFFICE DEPOT

Mailing Address 2535 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14682

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

27.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

OLD WAVERLY GOLF CLUB

Mailing Address ONE MAGNOLIA DRIVE

City WEST POINT State MS Zip Code 39773

Purpose of Disbursement  
Miscellaneous

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14388

Date of Disbursement

04 / 20 / 2008

Amount of Each Disbursement this Period

14.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
OXFORD DOWNTOWN INN

Mailing Address 400 NORTH LAMAR BLVD

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Staff retreat

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14664

Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

324.82

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
OXFORD ELECTRIC DEPARTMENT

Mailing Address POST OFFICE BOX 827

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14344

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

197.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
OXFORD ELECTRIC DEPARTMENT

Mailing Address POST OFFICE BOX 827

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14605

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

295.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

493.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
OXFORD FLORAL

Mailing Address P.O. BOX 519

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Luncheon

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14683

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

21.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
PAYPAL

Mailing Address

City SAN JOSE State CA Zip Code

Purpose of Disbursement  
Mississippi Media Guide

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14051

Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
PAYTON FAMILY SCHOLARSHIP FOUNDATION

Mailing Address POST OFFICE BOX 576

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14006

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
PILOT TRAVEL CENTER

Mailing Address 403 SW FRONTAGE RD.

City WINONA State MS Zip Code 38967

Purpose of Disbursement

Gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14055

Date of Disbursement

03 / 30 / 2008

Amount of Each Disbursement this Period

47.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
PITNER OFFICE SUPPLY

Mailing Address 1714 UNIVERSITY AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement

Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14046

Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

10.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
PITNER OFFICE SUPPLY

Mailing Address 1714 UNIVERSITY AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement

Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14444

Date of Disbursement

04 / 28 / 2008

Amount of Each Disbursement this Period

8.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>PPI, INC.<br>Mailing Address P.O. BOX 4030   | Transaction ID: SB17.14004<br>Date of Disbursement<br>04 / 17 / 2008  |
| City TUPELO State MS Zip Code 38803<br>Purpose of Disbursement<br>Printing<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Amount of Each Disbursement this Period<br>766.84<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>PPI, INC.<br>Mailing Address P.O. BOX 4030<br>City TUPELO State MS Zip Code 38803<br>Purpose of Disbursement<br>Printing/Reproduction<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.14339<br>Date of Disbursement<br>05 / 05 / 2008<br>Amount of Each Disbursement this Period<br>9646.34<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>PPI, INC.<br>Mailing Address P.O. BOX 4030<br>City TUPELO State MS Zip Code 38803<br>Purpose of Disbursement<br>Printing<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB17.14586<br>Date of Disbursement<br>06 / 02 / 2008<br>Amount of Each Disbursement this Period<br>246.73<br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53  |

SUBTOTAL of Disbursements This Page (optional) .....

10659.91

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
PROUD LARRY'S

Mailing Address 211 S. LAMAR BLVD.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Staff retreat

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14666

Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

105.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
REGENCY HOTEL AND CONF CENTER

Mailing Address 400 GREYMONT AVENUE

City JACKSON State MS Zip Code 39202

Purpose of Disbursement  
Travel - GOP Convention

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14671

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

99.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
REHABILITATION OPPORTUNITIES INC

Mailing Address 5100 PHILADELPHIA WAY

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
Postage/delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14382

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

130.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

130.10

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14216

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

8.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14217

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

1.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Maintenance Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14640

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

11.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

21.40

TOTAL This Period (last page this line number only) ▶

28020450062

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
RENASANT BANK (FORMERLY THE PEOPLES BANK & TRUST)

Mailing Address P.O. BOX 709

City TUPELO State MS Zip Code 38802

Purpose of Disbursement

Maintenance Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14641

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

11.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
JULIE REPULT

Mailing Address P.O. BOX 1726

City TUPELO State MS Zip Code 38802

Purpose of Disbursement

Miscellaneous

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14016

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
JOHN M. ROBINSON, CPA

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement

Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13981

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

661.65

TOTAL This Period (last page this line number only) ▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
JOHN M. ROBINSON, CPA

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14348

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
JOHN M. ROBINSON, CPA

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Reimbursed expenses - mileage, etc.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14349

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

133.23

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
JOHN M. ROBINSON, CPA

Mailing Address P.O. BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement  
Reimbursed expenses - mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14587

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

169.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

452.41

TOTAL This Period (last page this line number only) .....

28020450964

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JOHN M. ROBINSON, CPA</p> <p>Mailing Address P.O. BOX 7183</p> <p>City TUPELO State MS Zip Code 38802</p> <p>Purpose of Disbursement<br/>Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                      | <p>Transaction ID: SB17.14590<br/>Date of Disbursement<br/>06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period<br/>150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ROSE BUSINESS EQUIPMENT, INC.</p> <p>Mailing Address P.O. BOX 1063</p> <p>City GRENADA State MS Zip Code 38902</p> <p>Purpose of Disbursement<br/>Office equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.14069<br/>Date of Disbursement<br/>04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ROSE BUSINESS EQUIPMENT, INC.</p> <p>Mailing Address P.O. BOX 1063</p> <p>City GRENADA State MS Zip Code 38902</p> <p>Purpose of Disbursement<br/>Equipment rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.14372<br/>Date of Disbursement<br/>05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>   |  |

350.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A. Full Name (Last, First, Middle Initial)  
ROSE BUSINESS EQUIPMENT, INC.

Mailing Address P.O. BOX 1063

City State Zip Code  
GRENADA MS 38902

Purpose of Disbursement  
Equipment rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14630

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)  
SCRANTON'S

Mailing Address P.O. BOX 2158

City State Zip Code  
PASCAGOULA MS 39569

Purpose of Disbursement  
Catering - Fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14368

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)  
JAMIE SEALE

Mailing Address 5191 WATER RIDGE DRIVE

City State Zip Code  
TUPELO MS 38801

Purpose of Disbursement  
Catering - Fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14011

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14080  
Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

185.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14082  
Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

370.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14083  
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

201.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14084

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14085

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

47.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SENATE GIFT SHOP

Mailing Address U. S. SENATE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Gifts

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14086

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

52.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>SENATE GIFT SHOP  | Transaction ID: SB17.14399<br>Date of Disbursement   |
| Mailing Address U. S. SENATE  | <div> <div>05</div> <div>07</div> <div>2008</div> </div>   |
| City WASHINGTON State DC Zip Code 20001   | Amount of Each Disbursement this Period<br>748.50  |
| Purpose of Disbursement Gifts<br>Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>[MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SENATE GIFT SHOP  | Transaction ID: SB17.14690<br>Date of Disbursement   |
| Mailing Address U. S. SENATE  | <div> <div>06</div> <div>03</div> <div>2008</div> </div>   |
| City WASHINGTON State DC Zip Code 20001   | Amount of Each Disbursement this Period<br>52.00   |
| Purpose of Disbursement Gifts<br>Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>[MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>SENATE GIFT SHOP  | Transaction ID: SB17.14691<br>Date of Disbursement   |
| Mailing Address U. S. SENATE  | <div> <div>06</div> <div>11</div> <div>2008</div> </div>   |
| City WASHINGTON State DC Zip Code 20001   | Amount of Each Disbursement this Period<br>47.00   |
| Purpose of Disbursement Gift<br>Candidate Name  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>[MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....   | 0.00   |
| <b>TOTAL</b> This Period (last page this line number only) .....  |  |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>SHELL OIL</p> <p>Mailing Address 2390 HWY 80 W</p> <p>City JACKSON State MS Zip Code 39205</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                          | <p>Transaction ID: SB17.14432</p> <p>Date of Disbursement<br/>04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period<br/>67.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>SHELL OIL</p> <p>Mailing Address 1724 UNIVERSITY AVE.</p> <p>City OXFORD State MS Zip Code 38655</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                    | <p>Transaction ID: SB17.14436</p> <p>Date of Disbursement<br/>04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period<br/>66.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>SHELL OIL</p> <p>Mailing Address 1724 UNIVERSITY AVE.</p> <p>City OXFORD State MS Zip Code 38655</p> <p>Purpose of Disbursement Campaign vehicle - gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.14677</p> <p>Date of Disbursement<br/>05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period<br/>40.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>  |  |

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

## **A.** Full Name (Last, First, Middle Initial) SHERIFF'S ANNUAL GOSPEL SING

Mailing Address POST OFFICE BOX 1753

City OCEAN SPRINGS State MS Zip Code 39566

Purpose of Disbursement  
Program Advertising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14626

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

## **B.** Full Name (Last, First, Middle Initial) SIGNS PLUS GRAPHICS

Mailing Address 4768 HERNANDO ROAD

City HOLLY SPRINGS State MS Zip Code 38635

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14620

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

475.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

## **C.** Full Name (Last, First, Middle Initial) SILVER SPOON CATERING

Mailing Address 5191 WATER RIDGE DRIVE

City TUPELO State MS Zip Code 38801

Purpose of Disbursement  
Catering - Fundraiser

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14009

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

2130.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3355.00

TOTAL This Period (last page this line number only) ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
SIR SPEEDY

Mailing Address 1105 JACKSON AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Copies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14067

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

6.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
SNEED'S ACE HARDWARE

Mailing Address 1400 UNIVERSITY AVE

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14034

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

8.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
SNEED'S ACE HARDWARE

Mailing Address 1400 UNIVERSITY AVE

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14037

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

6.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
SNEED'S ACE HARDWARE

Transaction ID: SB17.14407  
Date of Disbursement

Mailing Address 1400 UNIVERSITY AVE

04 / 08 / 2008

City OXFORD State MS Zip Code 38655

Amount of Each Disbursement this Period

Purpose of Disbursement  
Supplies

85.59

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
SNEED'S ACE HARDWARE

Transaction ID: SB17.14412  
Date of Disbursement

Mailing Address 1400 UNIVERSITY AVE

04 / 15 / 2008

City OXFORD State MS Zip Code 38655

Amount of Each Disbursement this Period

Purpose of Disbursement  
Supplies

15.59

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
SNEED'S ACE HARDWARE

Transaction ID: SB17.14413  
Date of Disbursement

Mailing Address 1400 UNIVERSITY AVE

04 / 15 / 2008

City OXFORD State MS Zip Code 38655

Amount of Each Disbursement this Period

Purpose of Disbursement  
Supplies

40.13

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
SNEED'S ACE HARDWARE

Mailing Address 1400 UNIVERSITY AVE

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14445  
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

14.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
TEAD JEDI MARKETING

Mailing Address 5481 SW 60TH STREET

City OCALA State FL Zip Code 34474

Purpose of Disbursement  
Lapel pins

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14446  
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

253.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
TEXACO

Mailing Address 7125 HIGHWAY 45 N

City COLUMBUS State MS Zip Code 39705

Purpose of Disbursement  
Gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14428  
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

47.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
TEXACO - CANTON

Mailing Address 1452 W. PEACE STREET

City CANTON State MS Zip Code 39046

Purpose of Disbursement  
Campaign vehicle - gasoline  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14662  
Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

66.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
TEXACO - OXFORD

Mailing Address

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Campaign vehicle - gasoline  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14686  
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

81.63

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
THE CRAIG AND SUSAN THOMAS FOUNDATION

Mailing Address 2780 OLIVE DRIVE

City CHEYENNE State WY Zip Code 82001

Purpose of Disbursement  
Donation  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14358  
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
THE INN AT OLE MISS

Mailing Address 5 GROVE LOOP #C

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Staff retreat

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14668

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

93.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
THE MAYFLOWER GROUP, LLC

Mailing Address POST OFFICE BOX 16097

City JACKSON State MS Zip Code 39236

Purpose of Disbursement  
Consultant Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14600

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
The UPS Store

Mailing Address 1739 University Avenue

City Oxford State MS Zip Code 38655

Purpose of Disbursement  
Postage/Delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14033

Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)

The UPS Store

Mailing Address 1739 University Avenue

City Oxford State MS Zip Code 38655

Purpose of Disbursement

Postage/delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14048

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

4.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

The UPS Store

Mailing Address 1739 University Avenue

City Oxford State MS Zip Code 38655

Purpose of Disbursement

Postage/delivery

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14064

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

46.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

The UPS Store

Mailing Address 1739 University Avenue

City Oxford State MS Zip Code 38655

Purpose of Disbursement

Shipping/Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14452

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

472.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

**A.** Full Name (Last, First, Middle Initial)  
The UPS Store

Mailing Address 1739 University Avenue

City Oxford State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14684  
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

316.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
TRUSTY IT

Mailing Address 355 PANOLA STREET

City WATER VALLEY State MS Zip Code 38965

Purpose of Disbursement  
Labor - phone system

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13997  
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

203.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
U.S. SENATE RESTAURANT

Mailing Address 1ST & C STREET N.E.

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement  
Meals/Meetings

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: SB17.13985  
Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

3027.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3230.80

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
U.S. SENATE RESTAURANT

Mailing Address 1ST & C STREET N.E.

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement

Meals/meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14070

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

238.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
U.S. SENATE RESTAURANT

Mailing Address 1ST & C STREET N.E.

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement

Meals - Meeting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14594

Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

269.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
U.S. SENATE RESTAURANT

Mailing Address 1ST & C STREET N.E.

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement

Meals - Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14629

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

167.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

675.77

TOTAL This Period (last page this line number only) ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
U.S POSTMASTER

Mailing Address MAIN STREET

City TUPELO State MS Zip Code 38804

Purpose of Disbursement

Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14074

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

252.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
ULTIMATE AUTO CENTER

Mailing Address 766 N. LAMAR BLVD.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement

Car detail

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14415

Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

24.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address PO BOX 332

City JACKSON State MS Zip Code 39205

Purpose of Disbursement

Post Office Box Deposit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14440

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

252.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
USPS - OXFORD

Mailing Address

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14679

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

763.56

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
VERIZON WIRELESS

Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14077

Date of Disbursement

03 / 20 / 2008

Amount of Each Disbursement this Period

144.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
VERIZON WIRELESS

Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement  
Phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14387

Date of Disbursement

04 / 20 / 2008

Amount of Each Disbursement this Period

144.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
VERIZON WIRELESS

Mailing Address P.O. BOX 580334

City CHARLOTTE State NC Zip Code 28258

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14688  
Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

144.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
VILLAGE GROCERY

Mailing Address 60 THAXTON ROAD

City THAXTON State MS Zip Code 38871

Purpose of Disbursement  
Campaign vehicle - gasoline

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14646  
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

65.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
WAL- MART

Mailing Address 2530 JACKSON AVE W

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14040  
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

63.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
WAL- MART

Mailing Address 2530 JACKSON AVE W

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14063  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

10.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
WALGREEN'S

Mailing Address 1808 UNIVERSITY AVE.

City OXFORD State MS Zip Code 38655

Purpose of Disbursement  
Photo development

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14408  
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

8.47

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
WALGREENS

Mailing Address 3835 NORTHBROOK DRIVE

City JACKSON State MS Zip Code 39205

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.14090  
Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

8.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>WALTZ ON THE SQUARE</p> <p>Mailing Address 1110 VAN BUREN AVE.</p> <p>City OXFORD State MS Zip Code 38655</p> <p>Purpose of Disbursement<br/>Meal/Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>              | <p>Transaction ID: SB17.14456<br/>Date of Disbursement<br/>04 / 09 / 2008</p> <p>Amount of Each Disbursement this Period<br/>34.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>KAY WEBBER</p> <p>Mailing Address 218 MARYLAND AVENUE, N.E.</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement<br/>Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p>Transaction ID: SB17.14335<br/>Date of Disbursement<br/>04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>869.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p>                          |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>WINFREY &amp; COMPANY</p> <p>Mailing Address 605 UPLAND PLACE</p> <p>City ALEXANDRIA State VA Zip Code 22301</p> <p>Purpose of Disbursement<br/>Fundraising Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.14338<br/>Date of Disbursement<br/>05 / 05 / 2008</p> <p>Amount of Each Disbursement this Period<br/>10995.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess<br/>Contributions Required Under<br/>11 C.F.R. 400.53</p>                        |

SUBTOTAL of Disbursements This Page (optional) .....

11864.53

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
CITIZENS FOR COCHRAN

A.

Full Name (Last, First, Middle Initial)  
WINFREY & COMPANY

Mailing Address 605 UPLAND PLACE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
Fundraising Consultant

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14585  
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

8486.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
WINNING EDGE COMMUNICATIONS, LLC

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14607  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

82757.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
WINNING EDGE COMMUNICATIONS, LLC

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement  
Printing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.14622  
Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

82874.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

174118.39

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 179

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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

A.

Full Name (Last, First, Middle Initial)

WINNING EDGE COMMUNICATIONS, LLC

Transaction ID: SB17.14628

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 5 |   | 2 | 0 | 0 | 8 |

Mailing Address 80 SPRING BRANCH ROAD  
SUITE A

City ALEXANDRIA State AL Zip Code 36250

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1499.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1499.81

TOTAL This Period (last page this line number only) .....

361411.13

Form/Schedule: **F3N**

Transaction ID:

**Explanation of reason for filing amended report:**

Several checks were received by the PAC and were misplaced before being deposited and the info sent to the administrative staff. As soon as the checks were found, a deposit was made and an amended report prepared to disclose the contributions. There were also in-kind contributions that were not reported to the administrative staff until after the deadline of the reporting period. These in-kind contributions are also disclosed in this amended report.

28020450987



# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

8-26-08

Date of Receipt

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

DH

DATE PREPARED

8-26-08

28020450000

28020450989

