

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2008 OCT 26 A 11: 21

1. NAME OF COMMITTEE (In full)

Cooksey for Congress Committee

ADDRESS (number and street) Check if different than previously reported.
Post Office Box 7600

CITY, STATE and ZIP CODE STATE/DISTRICT
Monroe, LA 712117600

2. FEC IDENTIFICATION NUMBER
C00307348

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding Primary
(Type of Election)
election on 11/07/2000 In the State of LA
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____
In the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>10/01/2000</u> through <u>10/18/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	21,095.00	350,663.44
(b) Total Contribution Refunds (From Line 20(d))		1,200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	21,095.00	349,463.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28,319.18	281,541.01
(b) Total Offsets to Operating Expenditures (From Line 14)		75.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	28,319.18	281,466.01
8. Cash on Hand at Close of Reporting Period (From Line 27)	332,681.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 _____

Signature of Treasurer [Signature] Date 10-23-00

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

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FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full) Cooksey for Congress Committee	Report Covering the Period: From: 10/01/2000 To: 10/18/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	7,220.00	
(ii) Unitemized	1,375.00	
(iii) Total of contributions from individuals	8,595.00	252,096.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	12,500.00	98,567.44
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	21,095.00	350,663.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		75.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		10,321.90
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	21,095.00	361,060.24
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	28,319.18	261,541.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		5,531.00
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		5,531.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		1,200.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		1,200.00
21. OTHER DISBURSEMENTS	1,000.00	12,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	29,319.18	280,272.01
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		340,805.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		21,095.00
25. SUBTOTAL (add Line 23 and Line 24)		362,000.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		29,319.18
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		332,681.01

SCHEDULE A

ITEMIZED RECEIPTS

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)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code Dr. Mark Eastham 1504 Island Drive Monroe, LA 71201-	Name of Employer self employed	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Dr. James E. Brown, Jr. 2200 Jay Street New Orleans, LA 70122-	Name of Employer self employed	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date -> 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code Dr. Delmar R. Caldwell Department of Ophthalmology 1430 Tulane Ave. New Orleans, LA 70112	Name of Employer Tulane University	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 500.00
	Occupation professor	Aggregate Year-to-Date -> 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code Mr. William Goldring 5101 St. Charles Avenue New Orleans, LA 70115-	Name of Employer Best Effort J	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 500.00
	Occupation	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Mr. Lauric Hicks P.O. Box 628 Lake Providence, LA 71254-	Name of Employer Retired	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-Date -> 350.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Dr. Kenneth B. Jones, Jr. 1801 Fairfield Ave., Suite 408 Shreveport, LA 71101-4443	Name of Employer self employed	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Dr. Jeffrey J. Labarde 309 St. Julien Ave., Ste. 200 Lafayette, LA 70506-	Name of Employer self employed	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information supplied from such Reports and Statements may not be valid as 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)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Al Gippman 1025 Victor Blvd. Morgan City, LA 70381-	Best Effort J Occupation	10/18/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
Mr. James R. Moffett 1615 Poydras St. New Orleans, LA 70112-1234	Freesport-McMoran Occupation CEO	10/13/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
Mr. Rick O'Krepki 115 E 23rd Ave Covington, LA 70433-	Pineapple Management Services Occupation Owner/CEO	10/13/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
Mrs. Mary Virginia Pollard 321 Cleveland Bastrop, LA 71220-4705	No Employer Occupation homemaker	10/13/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	MEMO
Dr. Ted Pollard 321 Cleveland Bastrop, LA 71220-4705	self employed Occupation Physician	10/13/2000	-1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	-1,000.00	MEMO
Dr. Ted Pollard 321 Cleveland Bastrop, LA 71220-4705	self employed Occupation Physician	10/13/2000	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Mr. Ellis G. Saybe Post Office Box 12180 Alexandria, LA 71315-	Davis and Saybe Occupation Attorney	10/13/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 recipient contributor to solicit contributions from such contributor.

NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code Mr. Leon Schmidt Post Office Box 9559 Austin, TX 78766-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer No Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Mrs. Ada Shackleton 1155 Carolyn Sue Drive Baton Rouge, LA 70815-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Best Effort J</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Dr. Eugene C. St. Martin 6205 East Ridge Drive Shreveport, LA 71106-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date -> 225.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 75.00</p>
<p>D. Full Name, Mailing Address and Zip Code Mrs. Carroll W. Suggs 320 W. Livingston Place Metairie, LA 70005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Petroleum Helicopters, Inc.</p> <p>Occupation Chariman and CEO</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Mrs. JoAnn Womack 2709 McClellan Monroe, LA 71201-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Monroe City Schools</p> <p>Occupation Retired Teacher</p> <p>Aggregate Year-to-Date -> 331.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 45.00</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	1,123.00
TOTAL This Period (last page this line number only)	7,220.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code AOPA Legislative Action Mr. Bill Deere, Vice President Suite 920 Washington, DC 20024-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 4,000.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 3,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code American Electric Power PAC (AEP PAC) Anthony P. Kavanagh, VP Suite 214 Washington, DC 20004-2615</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Electric Power PAC (AEP PAC) Anthony P. Kavanagh, VP Suite 214 Washington, DC 20004-2615</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Continental Airlines Inc Nancy H. VanDuyne, Staff VP Suite 1250 Washington, DC 20005-3305</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Credit Union National Assoc. PAC (CULAC) John Dinos 805 15th Street, NW, Suite 300 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 5,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 4,500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Dynegy Inc. PAC Glenn A. Etienne 1800 Louisiana, Suite 5800 Houston, TX 77002-5050</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Mashantucket Pequot Tribal Nation National Governmental Affairs Office 1200 Pennsylvania Ave., NW, Ste. 1200 E Washington, DC 20004-2400</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>10,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the unrec'd money page

PAGE 2 OF 2

FOR LINE NUMBER

11(c)

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NAME OF COMMITTEE (in Full)
Cooksey for Congress Committee

A. Full Name, Mailing Address and Zip Code National Beer Wholesalers Association Ronald Sarasin and David Rher 1100 S. Washington Street Alexandria, VA 22314-4494 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/18/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 1,000.00 1,000.00
B. Full Name, Mailing Address and Zip Code USA Rice Federation PAC A. Ellen Terpstra, President 4301 North Fairfax Drive, Ste. 305 Arlington, VA 22203- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2000	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/13/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 1,000.00 1,000.00
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	12,500.00

2003-10-18 10:23:57

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed Substantive Page

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bastrop Daily Enterprise 119 East Hickory Avenue Bastrop, LA 71220-	Promotion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	403.00
HellSouth 85 Annex Atlanta, GA 30385-0001	House Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	403.37
Friends of Conrad Burns P. O. Box 1532 Billings, MT 59103-	MT-Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	1,000.00
Watergy Post Office Box 64001 New Orleans, LA 70164-4001	Utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	152.00
FedEx P. O. Box 727 Memphis, TN 38194-3928	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	190.36
FedEx P. O. Box 727 Memphis, TN 38194-3928	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	84.10
FedEx P. O. Box 727 Memphis, TN 38194-3928	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	23.40

SUBTOTAL of Disbursements This Page (optional)	2,163.03
TOTAL This Period (last page this line number only)	

2003-10-23 14:36:23

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Related Category Page

PAGE 2 OF 7
FOR LINE NUMBER 17

Any information copied from these 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)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. D. Lee Fletcher 506 1st Street, S.E. Washington, DC 20003-1841	vehicle mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	332.50
Lee Fletcher 3220 Stowers Drive Monroe, LA 71201-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/2000	414.38
Mr. D. Lee Fletcher 506 1st Street, S.E. Washington, DC 20003-1841	reimburse for mileage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	195.90 MEMO
Hilton New Orleans Riverside Poydras and the Mississippi River New Orleans, LA 70140-	reimburse for hotel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/2000	218.48 MEMO
Hales Insurance 2225 Justice, Suite D Monroe, LA 71201-	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	300.00
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	619.34
Hibernia National Bank 800 Sterlington Road Monroe, LA 71201-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	36.26

SUBTOTAL of Disbursements This Page (optional)	1,702.48
TOTAL This Period (last page this line number only)	

1982 999 02 20 03 1536 2861

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hibernia Capital Access Post Office Box 60005 New Orleans, LA 70160-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	406.96
Hilton New Orleans Riverside Poydras and the Mississippi River New Orleans, LA 70140-	hotel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/2000	406.96 MEMO
Intermedia Communications 1816 Roselawn Monroe, LA 71201-	phone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	317.25
KVCL P. O. Box 548 Winnfield, LA 71483-	promotion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	200.00
The Labor Leader Box 913 Monroe, LA 71201-	promotional Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/2000	275.00
Legacy Aviation 5410 Operations Road Monroe, LA 71203-6199	travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	2,288.73
Luke Letlow 534 Webb Hill Road Starr, LA 71279-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	8.64

SUBTOTAL of Disbursements This Page (optional)	3,496.58
TOTAL This Period (last page this line number only)	

11-11-00 10:30 AM

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Depot 2301 Louisville Ave. Monroe, LA 71201-	office expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/29/2000	8.64 MEMO
Luke Letlow 534 Webb Hill Road Start, LA 71279-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	273.42
Louisiana Press Association Melanie G. Andrews 404 Europe St., Baton Rouge, LA 70802-	printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	9,285.46
Louisiana Republican Party	contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	5,300.00
LA Department of Revenue and Taxation P.O. Box 9107 Baton Rouge, LA 70821-9017	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	229.00
MADD-Mothers Against Drunk Driving 5700 Florida Blvd., Suite 604 Baton Rouge, LA 70806-	promotion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	254.00
Office of Employment Security LA Department of Labor Post Office Box 94050 Baton Rouge, LA 70804-9050	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/2000	58.00

SUBTOTAL of Disbursements This Page (optional)

15,096.89

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed Summary Page

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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Quachita Citizen 810 Natchitoches Street West Monroe, LA 71291-	Promotion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	500.00
Postmaster 501 Sterlington Road Monroe, LA 71203-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	858.00
Kenda Reed 106 Racove West Monroe, LA 71291-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	102.52
Hobby Lobby Thomas Road West Monroe, LA 71292-	Promotional Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/2000	83.04 MEMO
Kenda Reed 106 Racove West Monroe, LA 71291	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	929.65
Republican Headquarters 1728 St. Charles New Orleans, LA 70130-	Promotion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	2,000.00
Ruth Russell 451 Browlee Road Calhoun, LA 71225-	SEE BELOW Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	203.98

SUBTOTAL of Disbursements This Page (optional)	1,493.65
TOTAL This Period (last page this line number only)	

1-13 2-13 3-13 4-13 5-13 6-13 7-13 8-13 9-13 10-13 11-13 12-13 13-13 14-13 15-13 16-13 17-13 18-13 19-13 20-13 21-13 22-13 23-13 24-13 25-13 26-13 27-13 28-13 29-13 30-13 31-13 32-13 33-13 34-13 35-13 36-13 37-13 38-13 39-13 40-13 41-13 42-13 43-13 44-13 45-13 46-13 47-13 48-13 49-13 50-13 51-13 52-13 53-13 54-13 55-13 56-13 57-13 58-13 59-13 60-13 61-13 62-13 63-13 64-13 65-13 66-13 67-13 68-13 69-13 70-13 71-13 72-13 73-13 74-13 75-13 76-13 77-13 78-13 79-13 80-13 81-13 82-13 83-13 84-13 85-13 86-13 87-13 88-13 89-13 90-13 91-13 92-13 93-13 94-13 95-13 96-13 97-13 98-13 99-13 100-13

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Budgetary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Milton New Orleans Riverside Poydras and the Mississippi River New Orleans, LA 70140-	reimburse for hotel expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/2000	203.48
			MEMO
Full Name, Mailing Address and Zip Code Ray-on Discount Office Supply 1701 North 18th Street Monroe, LA 71201-	Purpose of Disbursement office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 293.94
Full Name, Mailing Address and Zip Code Taxation and Revenue Department City of Monroe P.O. Box 1743 Monroe, LA 71210-1743	Purpose of Disbursement utilities Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/04/2000	Amount of Each Disbursement This Period 31.36
Full Name, Mailing Address and Zip Code Time Warner Cable Post Office Box 30020 Shreveport, LA 71130-0020	Purpose of Disbursement office expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/03/2000	Amount of Each Disbursement This Period 38.97
Full Name, Mailing Address and Zip Code TriStar Danny Breard 2830 Breard Monroe, LA 71201-	Purpose of Disbursement printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/03/2000	Amount of Each Disbursement This Period 428.58
Full Name, Mailing Address and Zip Code TriStar Danny Breard 2830 Breard Monroe, LA 71201-	Purpose of Disbursement printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 29.39
Full Name, Mailing Address and Zip Code Rebecca Turner 2258 North East Road Minden, LA 71055-	Purpose of Disbursement payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/2000	Amount of Each Disbursement This Period 173.96

SUBTOTAL of Disbursements This Page (optional)	996.20
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US Unwired PO Box 3190 Lake Charles, LA 70602-3190	web site Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2003	75.00
Xerox Corporation P.O. Box 650361 Dallas, TX 75266-0361	office expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/2000	245.37
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SUBTOTAL of Disbursements This Page (optional)	320.37
TOTAL This Period (last page this line number only)	28,269.20

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
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NAME OF COMMITTEE (In Full)
Cooksey for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Rehburg for Congress P. O. Box 1597 Helena, MT 59624-	MT-House-District Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/06/2000	1,000.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

2003-03-22 10:00

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input checked="" type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C) 10-28-00
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
JG PREPARER		10/28/00 DATE PREPARED

2000-01-28 10:28:00