

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 BELIEVE AGAIN

ADDRESS (number and street) 817 SLATERS LANE ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER C C00571711 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: General, Runoff, Special

5. Covering Period 01 / 22 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer Robert Yarborough

Signature of Treasurer Robert Yarborough [Electronically Filed] Date 07 / 31 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

BELIEVE AGAIN

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3685918.86"/>	<input type="text" value="3685918.86"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3685918.86"/>	<input type="text" value="3685918.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1108930.24"/>	<input type="text" value="1108930.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2576988.62"/>	<input type="text" value="2576988.62"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BELIEVE AGAIN

Report Covering the Period: From: 01 / 22 / 2015 To: 06 / 30 / 2015

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).....	3685328.86	3685328.86
(ii) Unitemized	590.00	590.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3685918.86	3685918.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3685918.86	3685918.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3685918.86	3685918.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3685918.86	3685918.86

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	647898.24	647898.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	647898.24	647898.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	461032.00	461032.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1108930.24	1108930.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1108930.24	1108930.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3685918.86	3685918.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3685918.86	3685918.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	647898.24	647898.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	647898.24	647898.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. DONALD BOLLINGER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 4097

City HOUMA State LA Zip Code 70361-4097

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

Name of Employer BOLLINGER ENTERPRISES LLC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : SA11.52

Amount of Each Receipt this Period
 100000.00

CONTRIBUTION

B. CENTRAL MANAGEMENT COMPANY LLC
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1438

City WINNFIELD State LA Zip Code 71483-1438

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2015
Transaction ID : SA11.54

Amount of Each Receipt this Period
 50000.00

CONTRIBUTION

C. WILLIS J. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 1301 MORAN RD

City FRANKLIN State TN Zip Code 37069-6310

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

Name of Employer COPART Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : SA11.56

Amount of Each Receipt this Period
 100000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 250000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. T DUANE MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4420 JONATHAN ST
 City State Zip Code
 BELLAIRE TX 77401-4612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : SA11.55
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. ROGER HERTOG
 Full Name (Last, First, Middle Initial)
 Mailing Address 745 5TH AVE
 STE 1400
 City State Zip Code
 NEW YORK NY 10151-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE HERTOG FOUNDATION INC PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : SA11.57
 Amount of Each Receipt this Period
 25000.00
 CONTRIBUTION

C. J C HUIZENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3755 36TH ST SE
 City State Zip Code
 GRAND RAPIDS MI 49512-3146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HUIZENGA GROUP EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : SA11.59
 Amount of Each Receipt this Period
 25000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	50250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. RICHARD ZUSCHLAG
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 98000
 City LAFAYETTE State LA Zip Code 70509-8000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACADIAN COMPANIES Occupation CHAIRMAN AND CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 02 / 24 / 2015
Transaction ID : SA11.60
 Amount of Each Receipt this Period 25000.00
CONTRIBUTION

B. AIR MED SERVICES
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 HOPKINS STREET
 City LAFAYETTE State LA Zip Code 70501-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 174748.00

Date of Receipt 02 / 27 / 2015
Transaction ID : SA11.120
 Amount of Each Receipt this Period 22512.00
IN KIND CONTRIBUTION

C. AIR MED SERVICES
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 HOPKINS STREET
 City LAFAYETTE State LA Zip Code 70501-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 174748.00

Date of Receipt 03 / 01 / 2015
Transaction ID : SA11.121
 Amount of Each Receipt this Period 22512.00
IN KIND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	70024.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. SAVOY CARE CENTER

Mailing Address P.O. BOX 515

City MAMOU State LA Zip Code 70554-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : SA11.61

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ACADIAN AMBULANCE SERVICE, INC.

Mailing Address P.O. BOX 98000

City LAFAYETTE State LA Zip Code 70509-8000

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19574.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2015

Transaction ID : SA11.102

Amount of Each Receipt this Period
19574.86

IN KIND CONTRIBUTION

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

Mailing Address 140 E ST LUCIA LN

City SANTA ROSA BEACH State FL Zip Code 32459-7609

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

Name of Employer Occupation
 MAPLE LEAF FUNDS INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11.64

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 45574.86

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

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

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

FOR LINE NUMBER: PAGE 10 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. GARY CHOUEST
 Mailing Address P.O. BOX 310
 City State Zip Code
 GALLIANO LA 70354-0310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EDISON CHOUEST OFFSHORE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : SA11.62
 Amount of Each Receipt this Period
 1000000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PATRICIA MOCK
 Mailing Address 704 N CRESCENT DRIVE
 City State Zip Code
 BEVERLY HILLS CA 90210-3332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : SA11.63
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CLIFFORD M. DAVIE
 Mailing Address 265 SOUTH FEDERAL HIGHWAY
 City State Zip Code
 DEERFIELD BEACH FL 33441-4146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DINING ALLIANCE INC PARTNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : SA11.65
 Amount of Each Receipt this Period
 25000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1025500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. JOHN DANE III
Full Name (Last, First, Middle Initial)

Mailing Address 11638 BLUFF LN

City GULFPORT State MS Zip Code 39503-6151

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

Name of Employer GULF COAST SHIPYARD GROUP INC Occupation BOAT BUILDER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 20 / 2015
Transaction ID : SA11.68

Amount of Each Receipt this Period 10000.00

CONTRIBUTION

B. FOSTER FRIESS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 9790

City JACKSON State WY Zip Code 83002-9790

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 20 / 2015
Transaction ID : SA11.66

Amount of Each Receipt this Period 10000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 60

City LAMBERTVILLE State NJ Zip Code 08530-0060

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 03 / 20 / 2015
Transaction ID : SA11.67

Amount of Each Receipt this Period 50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 70000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. ROY MARTIN III
Full Name (Last, First, Middle Initial)

Mailing Address 6231 LANDMARK DR

City ALEXANDRIA State LA Zip Code 71301-2340

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

Name of Employer ROY O MARTIN Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
03 / 20 / 2015
Transaction ID : SA11.69

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

B. AIR MED SERVICES
Full Name (Last, First, Middle Initial)

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
174748.00

Date of Receipt
03 / 20 / 2015
Transaction ID : SA11.122

Amount of Each Receipt this Period
21952.00

IN KIND CONTRIBUTION

C. AIR MED SERVICES
Full Name (Last, First, Middle Initial)

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
174748.00

Date of Receipt
03 / 20 / 2015
Transaction ID : SA11.124

Amount of Each Receipt this Period
9548.00

IN KIND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 56500.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City State Zip Code
LAFAYETTE LA 70501-4705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
174748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2015
Transaction ID : SA11.123

Amount of Each Receipt this Period
22736.00

IN KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MATTHEW FURMAN

Mailing Address 255 WEST 84TH STREET

City State Zip Code
NEW YORK NY 10024-4321

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

Name of Employer Occupation
WILLIS GROUP ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11.70

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 17131

City State Zip Code
ANAHEIM CA 92817-7131

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

Name of Employer Occupation
KUMAR & TALVADKAR ASSOCIATES, LLC MANAGING PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : SA11.71

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 28736.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. SCOTT BALLARD

Mailing Address **8 MISTLETOE DRIVE**

City State Zip Code
COVINGTON LA 70433-4521

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

Name of Employer Occupation
PJ'S COFFEE PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 31 / 2015
Transaction ID : SA11.74

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. SCOTT BALLARD

Mailing Address **8 MISTLETOE DRIVE**

City State Zip Code
COVINGTON LA 70433-4521

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

Name of Employer Occupation
PJ'S COFFEE PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 31 / 2015
Transaction ID : SA11.75

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DONNA W. STERNBERG

Mailing Address **2375 KLEINERT AVE.**

City State Zip Code
BATON ROUGE LA 70806-6717

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

Name of Employer Occupation
STERNBERG CONSULTING EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
03 / 31 / 2015
Transaction ID : SA11.73

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. CLARENCE P. CAZALOT JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 WEXFORD CT
 City HOUSTON State TX Zip Code 77024-6611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 02 / 2015
Transaction ID : SA11.78
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

B. COPART
 Full Name (Last, First, Middle Initial)
 Mailing Address 4610 WESTAMERICA DR
 City FAIRFIELD State CA Zip Code 94534-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 04 / 02 / 2015
Transaction ID : SA11.77
 Amount of Each Receipt this Period 100000.00
 CONTRIBUTION

C. AIR MED SERVICES
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 HOPKINS STREET
 City LAFAYETTE State LA Zip Code 70501-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 174748.00

Date of Receipt 04 / 09 / 2015
Transaction ID : SA11.125
 Amount of Each Receipt this Period 11368.00
 IN KIND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	121368.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
174748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : SA11.126

Amount of Each Receipt this Period
 9352.00

IN KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. KENNETH J. BIALKIN

Mailing Address 4 TIMES SQUARE
44TH FLR

City NEW YORK State NY Zip Code 10036-6518

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

Name of Employer Occupation
SKADDEN ARPS ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.3

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. RICHARD L. DUCHOSSOIS

Mailing Address 65 SPRING CREEK RD

City BARRINGTON State IL Zip Code 60010-9636

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

Name of Employer Occupation
THE DUCHOSSOIS GROUP CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.6

Amount of Each Receipt this Period
 50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	62352.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. MARY J. KOHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 RIVERFRONT DR
 City SHEBOYGAN State WI Zip Code 53081-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WINDWAY CAPITAL CORP Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.2
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

B. TERRY J. KOHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 RIVERFRONT DR
 City SHEBOYGAN State WI Zip Code 53081-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WINDWAY CAPITAL CORP Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.1
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

C. EDWARD C. LEVY JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 SHIRLEY RD
 City BIRMINGHAM State MI Zip Code 48009-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EDWARDS C LEVY CO Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.4
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. JAMES WALTER MOORE JR.
Full Name (Last, First, Middle Initial)

Mailing Address 3006 RIVER OAKS DR

City MONROE State LA Zip Code 71201-2030

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

Name of Employer MOORE INVESTMENTS OF LA LLC Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.7

Amount of Each Receipt this Period
 25000.00

CONTRIBUTION

B. PHYLLIS TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE CIRCLE

City NEW ORLEANS State LA Zip Code 70130-3931

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

Name of Employer ENDEAVOR ENTERPRISES LLC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.5

Amount of Each Receipt this Period
 50000.00

CONTRIBUTION

C. BROWN AND BROWN OF LOUISIANA LLC
Full Name (Last, First, Middle Initial)

Mailing Address 102 ASMA BLVD

City LAFAYETTE State LA Zip Code 70508-3846

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.11

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	76000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. CAMELOT BROOKSIDE LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 SHREVEPORT HWY
 City PINEVILLE State LA Zip Code 71360-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.140
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. CAMELOT OF BROUSSARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 SHREVEPORT HWY
 City PINEVILLE State LA Zip Code 71360-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.139
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. CAMELOT PLACE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 SHREVEPORT HIGHWAY
 City PINEVILLE State LA Zip Code 71360-3828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.46
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. CLAIBORNE MANOR LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 SHREVEPORT HIGHWAY
 City PINEVILLE State LA Zip Code 71360-3828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.49
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. DEERFIELD NURSING AND REHABILITATION CENTER LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 365
 City DELHI State LA Zip Code 71232-0365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.15
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. DIVERSIFIED HEALTHCARE - LAKE CHARLES LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 10606 TIMBERLAKE AVE
 City BATON ROUGE State LA Zip Code 70810-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.141
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. DIVERSIFIED HEALTHCARE - ABBEVILLE LLC

Mailing Address 10606 TIMBERLAKE AVE

City State Zip Code
BATON ROUGE LA 70810-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.142

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DIVERSIFIED HEALTH CARE- NEW ORLEANS LLC

Mailing Address 10606 TIMBERLAKE AVE

City State Zip Code
BATON ROUGE LA 70810-6614

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.20

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DYNASTY HEALTHCARE MANAGEMENT LLC

Mailing Address 210 MAGNATE DR
STE 100

City State Zip Code
LAFAYETTE LA 70508-3871

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.10

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. FLEUR DE LIS HEATHCARE MGMT LLC

Mailing Address 7598 CARAH DR

City State Zip Code
ST FRANCISVILLE LA 70775-4737

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.9

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GAMVEST LIMITED PARTNERSHIP

Mailing Address P.O. BOX 52389

City State Zip Code
SHREVEPORT LA 71135-2389

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.13

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. GOLDEN AGE OF WELSH LLC

Mailing Address 410 S SIMMONS ST

City State Zip Code
WELSH LA 70591-5028

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.16

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 16000.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. GRACE NURSING HOME

Mailing Address 10606 TIMBERLAKE AVE

City State Zip Code
BATON ROUGE LA 70810-6614

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.14

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GUEST CARE MANAGEMENT LLC

Mailing Address 8520 BUSINESS PARK DR

City State Zip Code
SHREVEPORT LA 71105-5654

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.38

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KENTWOOD MANOR LLC

Mailing Address 4333 SHREVEPORT HIGHWAY

City State Zip Code
PINEVILLE LA 71360-3828

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.51

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 29000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. KINDER RETIREMENT AND REHABILITATION

Mailing Address 13938 HIGHWAY 165 N

City State Zip Code
KINDER LA 70648-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015
Transaction ID : SA11.42

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LOUISIANA EXTENDED CARE CENTERS LLC

Mailing Address 762 AVERY BLVD N

City State Zip Code
RIDGELAND MS 39157-5219

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015
Transaction ID : SA11.18

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

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

Mailing Address 4333 SHREVEPORT HIGHWAY

City State Zip Code
PINEVILLE LA 71360-3828

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015
Transaction ID : SA11.50

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	13500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. MANAGEMENT SERVICES OF BEAUREGARD PARISH INC

Mailing Address 965 FISHER RD

City MANY State LA Zip Code 71449-3819

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.12

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MEDICO LLC

Mailing Address 762 AVERY BLVD N

City RIDGELAND State MS Zip Code 39157-5219

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.17

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. NEXION HEALTH AT VIVIAN

Mailing Address 912 S PECAN ST

City VIVIAN State LA Zip Code 71082-3350

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.24

Amount of Each Receipt this Period
2083.37

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 16083.37

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. NEXION HEALTH AT GONZALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 W CORNERVIEW RD
 City GONZALES State LA Zip Code 70737-3311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.25
 Amount of Each Receipt this Period
 2083.33
 CONTRIBUTION

B. NEXION HEALTH AT KAPLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 W 8TH ST
 City KAPLAN State LA Zip Code 70548-2916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.26
 Amount of Each Receipt this Period
 2083.33
 CONTRIBUTION

C. NEXION HEALTH AT CLAIBORNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1536 CLAIBORNE AVE
 City SHREVEPORT State LA Zip Code 71103-4206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.27
 Amount of Each Receipt this Period
 2083.33
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	▶	6249.99
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. NEXION HEALTH AT MANY NORTH

Mailing Address 120 NATCHITOCHEHS HWY 6 EAST

City MANY	State LA	Zip Code 71449-
--------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.28

Amount of Each Receipt this Period
 2083.33

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. NEXION HEALTH AT THIBODAU

Mailing Address 1300 LA FOURCHE DR

City THIBODAU	State LA	Zip Code 70301-2438
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.29

Amount of Each Receipt this Period
 2083.33

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. NEXION HEALTH AT PATTERSON

Mailing Address 910 LIA ST

City PATTERSON	State LA	Zip Code 70392-4220
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.30

Amount of Each Receipt this Period
 2083.33

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. NEXION HEALTH AT PIERREMONT

Mailing Address 725 MITCHELL LN

City SHREVEPORT State LA Zip Code 71106-2149

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.31

Amount of Each Receipt this Period
 2083.33

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. NEXION HEALTH AT IBERIA SOUTH

Mailing Address 600 BAYARD ST

City NEW IBERIA State LA Zip Code 70560-5734

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.32

Amount of Each Receipt this Period
 2083.33

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. NEXION HEALTH AT IBERIA NORTH

Mailing Address 1803 JANE ST

City NEW IBERIA State LA Zip Code 70563-1005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.33

Amount of Each Receipt this Period
 2083.33

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. NEXION HEALTH AT MINDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 MEADOWVIEW DR
 City MINDEN State LA Zip Code 71055-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.34
 Amount of Each Receipt this Period
 2083.33
 CONTRIBUTION

B. NEXION HEALTH AT MARRERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5301 AUGUST AVE
 City MARRERO State LA Zip Code 70072-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2083.33

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.35
 Amount of Each Receipt this Period
 2083.33
 CONTRIBUTION

C. NORTHRIDGE CARE CENTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 SHREVEPORT HIGHWAY
 City PINEVILLE State LA Zip Code 71360-3828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.45
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6166.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. RISK MANAGEMENT SERVICES

Mailing Address P.O. BOX 7765

City METAIRIE State LA Zip Code 70010-7765

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.23

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. RIVER OAKS RETIREMENT MANOR

Mailing Address 2500 E SIMCOE

City LAFAYETTE State LA Zip Code 70501-6413

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.44

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ROSEFINE RETIREMENT AND REHABILITATION

Mailing Address 18364 CENTRAL AVE

City ROSEFINE State LA Zip Code 70659-5900

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.40

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial) A. SABINE RETIREMENT AND REHABILITATION CENTER		Date of Receipt
Mailing Address 965 FISHER RD		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
MANY	LA	71449-3819
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.39
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SCC OF HOUMA LLC		Date of Receipt
Mailing Address 1386 W TUNNEL BLVD		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOUMA	LA	70360-2731
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.36
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="4000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SHADY LAKE NURSING HOME		Date of Receipt
Mailing Address 5976 US HWY 65 N		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
LAKE PROVIDENCE	LA	71254-5235
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.43
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. ST FRANCES PFU, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 INDUSTRIAL DR
 City OBERLIN State LA Zip Code 70655-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.8
 Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

B. ST MARTIN DE PORRES MULTICARE CENTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 TEAL ST
 City LAKE CHARLES State LA Zip Code 70615-6841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.37
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. ST MICHAEL PFU LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1219
 City DEQUINCY State LA Zip Code 70633-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11.41
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. TRANSMED LLC

Mailing Address 762 AVERY BLVD N

City State Zip Code
RIDGELAND MS 39157-5219

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : SA11.19

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City State Zip Code
LAFAYETTE LA 70501-4705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
174748.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2015

Transaction ID : SA11.127

Amount of Each Receipt this Period
21560.00

IN KIND CONTRIBUTION

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

Mailing Address 5800 AIRLINE DR

City State Zip Code
METAIRIE LA 70003-3876

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

Name of Employer Occupation
NEW ORLEANS SAINTS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : SA11.84

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	51560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. OTTO CANDIES JR.
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 25

City DES ALLEMANS State LA Zip Code 70030-0025

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

Name of Employer OTTO CANDIES LLC Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : SA11.80

Amount of Each Receipt this Period
 100000.00

CONTRIBUTION

B. ELLOINE CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 3716 MAPLEWOOD AVE

City DALLAS State TX Zip Code 75205-2827

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : SA11.82

Amount of Each Receipt this Period
 25000.00

CONTRIBUTION

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

Mailing Address 244 BENT WALNUT

City WESTPHALIA State MO Zip Code 65085-2022

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

Name of Employer SELF Occupation INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : SA11.83

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	130000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. AIR MED SERVICES
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 HOPKINS STREET
 City LAFAYETTE State LA Zip Code 70501-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 174748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : SA11.128
 Amount of Each Receipt this Period
 13160.00
 IN KIND CONTRIBUTION

B. AIR MED SERVICES
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 HOPKINS STREET
 City LAFAYETTE State LA Zip Code 70501-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 174748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : SA11.129
 Amount of Each Receipt this Period
 20048.00
 IN KIND CONTRIBUTION

C. CELTIC MARINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3888 S SHERWOOD FOREST BLVD
 BLDG 1
 City BATON ROUGE State LA Zip Code 70816-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : SA11.79
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	83208.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. UNITED REFINING INC

Mailing Address 823 11TH AVE

City State Zip Code
NEW YORK NY 10019-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015
Transaction ID : SA11.81

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. BRYAN WAGNER

Mailing Address 625 ST CHARLES AVE, APT 6C

City State Zip Code
NEW ORLEANS LA 70130-

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

Name of Employer Occupation
BRYAN WAGNER INSURANCE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : SA11.85

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 3719 OLYMPIA

City State Zip Code
HOUSTON TX 77019-3029

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : SA11.94

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 16000.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. CHATEAU LIVING CENTER OF KENNER, LLC

Mailing Address 301 VETERANS BLVD

City	State	Zip Code
DENHAM SPRINGS	LA	70726-4722

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : SA11.91

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GRAY & COMPANY INC

Mailing Address PO BOX 6202

City	State	Zip Code
METAIRIE	LA	70009-6202

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : SA11.93

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. HELIS OIL & GAS CO

Mailing Address 228 ST CHARLES AVE
STE 912

City	State	Zip Code
NEW ORLEANS	LA	70130-2601

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : SA11.92

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	40000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 38 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. HIGHPOINT HEALTHCARE

Mailing Address 4754 OCEAN SPRINGS BLVD

City State Zip Code
DESTIN FL 32541-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11.89

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PLANTATION MANAGEMENT CO LLC

Mailing Address 301 VETERANS BLVD

City State Zip Code
DENHAM SPRINGS LA 70726-4722

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11.88

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address 128 FLIGHTLINE DR

City State Zip Code
RUSTON LA 71270-8838

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11.130

Amount of Each Receipt this Period
9352.00

IN KIND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 19352.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. RUSTON AVIATION

Mailing Address 128 FLIGHTLINE DR

City RUSTON State LA Zip Code 71270-8838

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11.131

Amount of Each Receipt this Period
6580.00

IN KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ST JOSEPH OF HARAHAN LLC

Mailing Address 301 VETERANS BLVD

City DENHAM SPRINGS State LA Zip Code 70726-4722

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11.90

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

Mailing Address 128 FLIGHTLINE DR

City RUSTON State LA Zip Code 71270-8838

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2015
Transaction ID : SA11.132

Amount of Each Receipt this Period
9268.00

IN KIND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 20848.00

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

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

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

FOR LINE NUMBER: PAGE 40 OF 76
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. GREGORY HAMER

Mailing Address P.O. BOX 3608

City State Zip Code
MORGAN CITY LA 70381-3608

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

Name of Employer Occupation
BG FOODS CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : SA11.95

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. PAUL J. ISAAC

Mailing Address 75 PROSPECT AVE

City State Zip Code
LARCHMONT NY 10538-3634

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

Name of Employer Occupation
ARBITER PARTNERS CAPITAL MANAGEMENT ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : SA11.96

Amount of Each Receipt this Period
100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. ROBERT E. MILLER

Mailing Address PO BOX 3616

City State Zip Code
MORGAN CITY LA 70381-3616

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

Name of Employer Occupation
MAJOR EQUIPMENT AND REMEDIATION PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : SA11.97

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. KENNETH ROBISON
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6085

City ALEXANDRIA State LA Zip Code 71307-6085

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

Name of Employer CREST INDUSTRIES Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : SA11.98

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. CHOUET AIR
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 310

City GALLIANO State LA Zip Code 70354-0310

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23436.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : SA11.133

Amount of Each Receipt this Period
11620.00

IN KIND CONTRIBUTION

C. GARY L. WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 31528 VICTORIA POINT RD

City MALIBU State CA Zip Code 90265-2638

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

Name of Employer Occupation
SELF PRIVATE INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11.101

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 26620.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. CHOUEST AIR

Mailing Address **PO BOX 310**

City **GALLIANO** State **LA** Zip Code **70354-0310**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23436.00

Date of Receipt
05 / 22 / 2015
Transaction ID : SA11.134

Amount of Each Receipt this Period
11816.00

IN KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LUBA CASUALTY INSURANCE COMPANY

Mailing Address **PO BOX 98082**

City **BATON ROUGE** State **LA** Zip Code **70898-9082**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
05 / 22 / 2015
Transaction ID : SA11.99

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. SIF CONSULTANTS OF LOUISIANA

Mailing Address **2351 ENERGY DR
STE 2000**

City **BATON ROUGE** State **LA** Zip Code **70808-2600**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
05 / 22 / 2015
Transaction ID : SA11.100

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	36816.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. RONNIE BARRETT
Full Name (Last, First, Middle Initial)

Mailing Address 225 SE BROAD ST

City MURFREESBORO State TN Zip Code 37130-4230

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

Name of Employer BARRETT FIREARMS MANUFACTURING, INC Occupation MANUFACTURING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 28 / 2015
Transaction ID : SA11.106

Amount of Each Receipt this Period 25000.00

CONTRIBUTION

B. COOPER/T SMITH CORPORATION
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1566

City MOBILE State AL Zip Code 36633-

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 05 / 29 / 2015
Transaction ID : SA11.104

Amount of Each Receipt this Period 50000.00

CONTRIBUTION

C. LARGE UROLOGY GROUP PRACTICE ASSN
Full Name (Last, First, Middle Initial)

Mailing Address 1100 E WOODFIELD RD STE 350

City SCHAUMBURG State IL Zip Code 60173-

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 05 / 29 / 2015
Transaction ID : SA11.103

Amount of Each Receipt this Period 25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 100000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. MCNA HEALTH CARE HOLDINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W CYPRESS CREEK RD
 STE 500
 City FORT LAUDERDALE State FL Zip Code 33309-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11.105
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

B. MICHAEL R. FULJENZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 8255 WHITE RD
 City BEAUMONT State TX Zip Code 77706-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11.108
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. TRACY W. KROHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GREENWAY PLAZA, STE 300
 City HOUSTON State TX Zip Code 77046-0908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 W&T OFFSHORE CEO, CHAIRMAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11.109
 Amount of Each Receipt this Period
 250000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	305000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. MIKE WAMPOLD
Full Name (Last, First, Middle Initial)

Mailing Address 4171 ESSEN LANE

City State Zip Code
BATON ROUGE LA 70809-2157

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

Name of Employer Occupation
WAMPOLD COMPANIES CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2015
Transaction ID : SA11.110

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

B. KENNEDY RICE DRYERS
Full Name (Last, First, Middle Initial)

Mailing Address 610 WILMOT HWY

City State Zip Code
MER ROUGE LA 71261-9710

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22120.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2015
Transaction ID : SA11.135

Amount of Each Receipt this Period
22120.00

IN KIND CONTRIBUTION

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

Mailing Address 1012 FIRETHORNE CLUB DR

City State Zip Code
WAXHAW NC 28173-6552

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2015
Transaction ID : SA11.111

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	57120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. ROLFE MCCOLLISTER
Full Name (Last, First, Middle Initial)

Mailing Address 2743 CEDAR LODGE

City State Zip Code
BATON ROUGE LA 70809-1060

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

Name of Employer Occupation
LBI PUBLISHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
06 / 22 / 2015
Transaction ID : SA11.113

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. JAMES MISCHER JR
Full Name (Last, First, Middle Initial)

Mailing Address 11831 BEVERLY PARK RD
BLDG D

City State Zip Code
EVERETT WA 98204-3526

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

Name of Employer Occupation
ELECTRIC MIRROR LLC CEO & PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 22 / 2015
Transaction ID : SA11.115

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. EASTERN SEABOARD, INC.
Full Name (Last, First, Middle Initial)

Mailing Address 11 BOYLSTON ST

City State Zip Code
BRADFORD PA 16701-6506

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
06 / 22 / 2015
Transaction ID : SA11.112

Amount of Each Receipt this Period
50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 57500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

A. MADDEN CONTRACTING CO LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 856
 City MINDEN State LA Zip Code 71058-0856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11.114
 Amount of Each Receipt this Period
 25000.00
 CONTRIBUTION

B. MCNA HEALTH CARE HOLDINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W CYPRESS CREEK RD STE 500
 City FORT LAUDERDALE State FL Zip Code 33309-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11.116
 Amount of Each Receipt this Period
 50000.00
 CONTRIBUTION

C. AUGUST A. BUSCH III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 MID RIVERS MALL DR
 City ST PETERS State MO Zip Code 63376-4320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11.117
 Amount of Each Receipt this Period
 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	85000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. ETC CAPITAL LLC

Mailing Address 38955 HILLS TECH DR

City FARMINGTON HILLS State MI Zip Code 48331-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11.118

Amount of Each Receipt this Period
 100000.00

CONTRIBUTION

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

Mailing Address 600 NY-25A

City EAST SETAUKET State NY Zip Code 11733-

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

Name of Employer Occupation
 RENAISSANCE TECHNOLOGIES CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA11.119

Amount of Each Receipt this Period
 250000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	350000.00
TOTAL This Period (last page this line number only).....▶	3685328.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Date of Disbursement

Mailing Address P.O. BOX 173207

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

City TAMPA State FL Zip Code 33672

Transaction ID : SB21B.I1

Purpose of Disbursement
LEGAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/Type

4000.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ANEDOT

Date of Disbursement

Mailing Address 10156 PERKINS ROAD, SUITE 217F

M M M	/	D D D	/	Y Y Y Y Y
02		19		2015

City BATON ROUGE State LA Zip Code 70810

Transaction ID : SB21B.I2

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Amount of Each Disbursement this Period

Candidate Name

Category/Type

1.08

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. THE BAUTSCH GROUP, LLC

Date of Disbursement

Mailing Address 2023 NORTH WOODCHASE COURT

M M M	/	D D D	/	Y Y Y Y Y
02		26		2015

City BATON ROUGE State LA Zip Code 70808

Transaction ID : SB21B.I3

Purpose of Disbursement
FUNDRAISING CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/Type

19515.00

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

23516.08

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.120**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.121**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BMO CONSULTING

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I4**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial) A. BAY VIEW FUNDING		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address P.O. BOX 204703		Transaction ID : SB21B.I5
City DALLAS	State TX	
Zip Code 75320	Purpose of Disbursement FOOD AND BEVERAGE	Amount of Each Disbursement this Period 652.47
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MATHERNE'S		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 7580 BLUEBONNET BLVD		Transaction ID : SB21B.I6
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement FOOD AND BEVERAGE	Amount of Each Disbursement this Period 118.12
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ACADIAN AMBULANCE SERVICE, INC.		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address P.O. BOX 98000		Transaction ID : SB21B.102
City LAFAYETTE	State LA	
Zip Code 70509-8000	Purpose of Disbursement IN-KIND - TRANSPORTATION SERVICES	Amount of Each Disbursement this Period 19574.86
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	20345.45
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Date of Disbursement

Mailing Address P.O. BOX 173207

M M M	/	D D D	/	Y Y Y Y Y
03		10		2015

City State Zip Code
TAMPA FL 33672

Transaction ID : SB21B.I7

Purpose of Disbursement
LEGAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

4150.08

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ANEDOT

Date of Disbursement

Mailing Address 10156 PERKINS ROAD, SUITE 217F

M M M	/	D D D	/	Y Y Y Y Y
03		12		2015

City State Zip Code
BATON ROUGE LA 70810

Transaction ID : SB21B.I8

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

976.57

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CAPITOL CITY PRODUCE

Date of Disbursement

Mailing Address 16550 COMMERCIAL AVE

M M M	/	D D D	/	Y Y Y Y Y
03		17		2015

City State Zip Code
BATON ROUGE LA 70816

Transaction ID : SB21B.I9

Purpose of Disbursement
FOOD AND BEVERAGE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

108.05

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

5234.70

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. MATHERNE'S

Mailing Address 7580 BLUEBONNET BLVD

City State Zip Code
BATON ROUGE LA 70810

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : SB21B.I11

Amount of Each Disbursement this Period

337.29

Full Name (Last, First, Middle Initial)

B. MCKAY-GITCHO STRATEGIES

Mailing Address 142 COMMERCIAL STREET #501

City State Zip Code
BOSTON MA 02109

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : SB21B.I12

Amount of Each Disbursement this Period

7000.00

Full Name (Last, First, Middle Initial)

C. PHILLIP STUTTS & COMPANY, INC.

Mailing Address 718 7TH STREET NW

City State Zip Code
WASHINGTON DC 20001

Purpose of Disbursement
MEDIA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2015

Transaction ID : SB21B.I13

Amount of Each Disbursement this Period

5750.00

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

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

13087.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. READY PORTION MEAT

Mailing Address P.O. BOX 1941

City State Zip Code
BATON ROUGE LA 70821

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.110**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City State Zip Code
LAFAYETTE LA 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.122**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City State Zip Code
LAFAYETTE LA 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.124**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2015

Transaction ID : **SB21B.123**

Amount of Each Disbursement this Period

22736.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City BATON ROUGE State LA Zip Code 70810

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : **SB21B.114**

Amount of Each Disbursement this Period

234.60

Category/
Type

Full Name (Last, First, Middle Initial)

C. ALEXANDRA BAUTSCH

Mailing Address 2023 NORTH WOODCHASE COURT

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : **SB21B.119**

Amount of Each Disbursement this Period

81.77

Category/
Type

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

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

23052.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City State Zip Code
BATON ROUGE LA 70810

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.I16

Amount of Each Disbursement this Period

590.10

Full Name (Last, First, Middle Initial)

B. MCKAY-GITCHO STRATEGIES

Mailing Address 142 COMMERCIAL STREET #501

City State Zip Code
BOSTON MA 02109

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.I18

Amount of Each Disbursement this Period

1369.97

Full Name (Last, First, Middle Initial)

C. READY PORTION MEAT

Mailing Address P.O. BOX 1941

City State Zip Code
BATON ROUGE LA 70821

Purpose of Disbursement
FOOD AND BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.I15

Amount of Each Disbursement this Period

400.00

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

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

2360.07

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. THE BAUTSCH GROUP, LLC

Mailing Address 2023 NORTH WOODCHASE COURT

City State Zip Code
BATON ROUGE LA 70808

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Transaction ID : SB21B.I17

Amount of Each Disbursement this Period

72150.00

Full Name (Last, First, Middle Initial)

B. BMO CONSULTING

Mailing Address P.O. BOX 9891

City State Zip Code
ARLINGTON VA 22219

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : SB21B.I20

Amount of Each Disbursement this Period

1575.00

Full Name (Last, First, Middle Initial)

C. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Mailing Address P.O. BOX 173207

City State Zip Code
TAMPA FL 33672

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : SB21B.I21

Amount of Each Disbursement this Period

4000.00

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

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

77725.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : SB21B.I22

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : SB21B.I23

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : SB21B.I24

Amount of Each Disbursement this Period

10.00

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

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

30.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.125**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.126**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MCKAY-GITCHO STRATEGIES

Mailing Address 142 COMMERCIAL STREET #501

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.I25**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2015

Transaction ID : **SB21B.127**

Amount of Each Disbursement this Period

21560.00

Full Name (Last, First, Middle Initial)

B. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : **SB21B.128**

Amount of Each Disbursement this Period

13160.00

Full Name (Last, First, Middle Initial)

C. AIR MED SERVICES

Mailing Address 301 HOPKINS STREET

City LAFAYETTE State LA Zip Code 70501-4705

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : **SB21B.129**

Amount of Each Disbursement this Period

20048.00

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

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

54768.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. ONMESSAGE INC.

Date of Disbursement: MM / DD / YYYY
04 / 27 / 2015

Mailing Address 817 SLATERS LANE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement: POLITICAL STRATEGY CONSULTING

Candidate Name

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

State: District:

Transaction ID : **SB21B.I26**

Amount of Each Disbursement this Period: 6367.03

Full Name (Last, First, Middle Initial)

B. ANEDOT

Date of Disbursement: MM / DD / YYYY
05 / 01 / 2015

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City BATON ROUGE State LA Zip Code 70810

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name

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

State: District:

Transaction ID : **SB21B.I28**

Amount of Each Disbursement this Period: 48.67

Full Name (Last, First, Middle Initial)

C. THE BAUTSCH GROUP, LLC

Date of Disbursement: MM / DD / YYYY
05 / 04 / 2015

Mailing Address 2023 NORTH WOODCHASE COURT

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name

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

State: District:

Transaction ID : **SB21B.I31**

Amount of Each Disbursement this Period: 42560.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 48975.70

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : **SB21B.I30**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. RUSTON AVIATION

Mailing Address 128 FLIGHTLINE DR

City RUSTON State LA Zip Code 71270-8838

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : **SB21B.130**

Amount of Each Disbursement this Period

9352.00

Full Name (Last, First, Middle Initial)

C. RUSTON AVIATION

Mailing Address 128 FLIGHTLINE DR

City RUSTON State LA Zip Code 71270-8838

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : **SB21B.131**

Amount of Each Disbursement this Period

6580.00

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

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

16432.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. RUSTON AVIATION

Mailing Address 128 FLIGHTLINE DR

City RUSTON State LA Zip Code 71270-8838

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2015

Transaction ID : **SB21B.132**

Amount of Each Disbursement this Period

9268.00

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City BATON ROUGE State LA Zip Code 70810

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2015

Transaction ID : **SB21B.129**

Amount of Each Disbursement this Period

1170.60

Full Name (Last, First, Middle Initial)

C. BMO CONSULTING

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2015

Transaction ID : **SB21B.I27**

Amount of Each Disbursement this Period

1387.50

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

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

11826.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

Mailing Address P.O. BOX 173207

Transaction ID : SB21B.I33

City State Zip Code
TAMPA FL 33672

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
LEGAL CONSULTING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CHOUET AIR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Mailing Address PO BOX 310

Transaction ID : SB21B.I33

City State Zip Code
GALLIANO LA 70354-0310

Amount of Each Disbursement this Period

11620.00

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MCKAY-GITCHO STRATEGIES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2015

Mailing Address 142 COMMERCIAL STREET #501

Transaction ID : SB21B.I32

City State Zip Code
BOSTON MA 02109

Amount of Each Disbursement this Period

7000.00

Purpose of Disbursement
FUNDRAISING CONSULTING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

22620.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)
A. CHOUET AIR

Date of Disbursement: MM / DD / YYYY
05 / 22 / 2015

Mailing Address PO BOX 310

City: GALLIANO State: LA Zip Code: 70354-0310

Purpose of Disbursement: IN-KIND - TRANSPORTATION SERVICES

Candidate Name: [] Category/Type: []

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

State: [] District: []

Transaction ID : **SB21B.134**

Amount of Each Disbursement this Period: 11816.00

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

Date of Disbursement: MM / DD / YYYY
06 / 04 / 2015

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City: BATON ROUGE State: LA Zip Code: 70810

Purpose of Disbursement: CREDIT CARD PROCESSING FEE

Candidate Name: [] Category/Type: []

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

State: [] District: []

Transaction ID : **SB21B.I35**

Amount of Each Disbursement this Period: 1.08

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

Date of Disbursement: MM / DD / YYYY
06 / 04 / 2015

Mailing Address P.O. BOX 9891

City: ARLINGTON State: VA Zip Code: 22219

Purpose of Disbursement: COMPLIANCE CONSULTING

Candidate Name: [] Category/Type: []

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

State: [] District: []

Transaction ID : **SB21B.I34**

Amount of Each Disbursement this Period: 1425.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 13242.08

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. LAW OFFICES OF HEATHER SIDWELL MORRIS, PA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2015

Mailing Address P.O. BOX 173207

Transaction ID : SB21B.I36

City TAMPA State FL Zip Code 33672

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
LEGAL CONSULTING

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. THE BAUTSCH GROUP, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2015

Mailing Address 2023 NORTH WOODCHASE COURT

Transaction ID : SB21B.I37

City BATON ROUGE State LA Zip Code 70808

Amount of Each Disbursement this Period

37873.50

Purpose of Disbursement
FUNDRAISING CONSULTING

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2015

Mailing Address 1593 SPRING HILL RD, STE 400

Transaction ID : SB21B.I38

City TYSONS CORNER State VA Zip Code 22182

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
DATABASE SERVICES

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

42373.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City State Zip Code
BATON ROUGE LA 70810

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2015

Transaction ID : **SB21B.I39**

Amount of Each Disbursement this Period

975.30

Full Name (Last, First, Middle Initial)

B. KENNEDY RICE DRYERS

Mailing Address 610 WILMOT HWY

City State Zip Code
MER ROUGE LA 71261-9710

Purpose of Disbursement
IN-KIND - TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : **SB21B.135**

Amount of Each Disbursement this Period

22120.00

Full Name (Last, First, Middle Initial)

C. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City State Zip Code
ANNAPOLIS MD 21401

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : **SB21B.I40**

Amount of Each Disbursement this Period

5538.48

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

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

28633.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : SB21B.I41

Amount of Each Disbursement this Period

4605.36

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 10156 PERKINS ROAD, SUITE 217F

City BATON ROUGE State LA Zip Code 70810

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2015

Transaction ID : SB21B.I42

Amount of Each Disbursement this Period

390.30

Full Name (Last, First, Middle Initial)

C. BAYLISS PARK HALL

Mailing Address 530 FIRST AVE

City COUNCIL BLUFFS State IA Zip Code 51503

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2015

Transaction ID : SB21B.I45

Amount of Each Disbursement this Period

225.00

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

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

5220.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. SIOUX CITY MUSEUM & HISTORICAL ASSOC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

Mailing Address 607 4TH ST

Transaction ID : SB21B.I46

City SIOUX CITY State IA Zip Code 51101

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
VENUE RENTAL

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WAUKEE PARKS AND RECREATION

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

Mailing Address 805 UNIVERSITY AVE

Transaction ID : SB21B.I43

City WAUKEE State IA Zip Code 50263

Amount of Each Disbursement this Period

80.00

Purpose of Disbursement
VENUE RENTAL

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WAUKEE PARKS AND RECREATION

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2015

Mailing Address 805 UNIVERSITY AVE

Transaction ID : SB21B.I44

City WAUKEE State IA Zip Code 50263

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
VENUE RENTAL

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

530.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : SB21B.I47

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. GAIL GITCHO

Mailing Address 142 COMMERCIAL STREET #501

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SB21B.I48

Amount of Each Disbursement this Period

9097.00

Full Name (Last, First, Middle Initial)

C. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SB21B.I49

Amount of Each Disbursement this Period

23000.00

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

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

32112.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. STRATEGIC ADVANCE SERVICES

Mailing Address 611 PENNSYLVANIA AVE #267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : **SB21B.I52**

Amount of Each Disbursement this Period

1635.44

Full Name (Last, First, Middle Initial)

B. TARGETED CREATIVE COMMUNICATIONS

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : **SB21B.I50**

Amount of Each Disbursement this Period

13464.19

Full Name (Last, First, Middle Initial)

C. TARGETED CREATIVE COMMUNICATIONS

Mailing Address 106 S COLUMBUS ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : **SB21B.I51**

Amount of Each Disbursement this Period

458.00

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

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

15557.63

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. AMERICAN MEDIA & ADVOCACY GROUP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2015

Mailing Address 815 SLATERS LN

Transaction ID : SB21B.I53

City ALEXANDRIA State VA Zip Code 22314

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
WEB SERVICE

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. JILL E NEUNABER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2015

Mailing Address 2200 12TH COURT NORTH
APARTMENT 714

Transaction ID : SB21B.I55

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

12200.00

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2015

Mailing Address 1445-A LAUGHLIN AVE

Transaction ID : SB21B.I54

City MCLEAN State VA Zip Code 22101

Amount of Each Disbursement this Period

15.00

Purpose of Disbursement
BANK FEE

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

22215.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. JILL E NEUNABER

Mailing Address 2200 12TH COURT NORTH
APARTMENT 714

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : **SB21B.I60**

Amount of Each Disbursement this Period

1890.03

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : **SB21B.I56**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : **SB21B.I57**

Amount of Each Disbursement this Period

15.00

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

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

1920.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. MADISON MANAGEMENT GROUP

Mailing Address 3101 HEMLOCK HILLS LANE

City APEX State NC Zip Code 27539

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : **SB21B.I59**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ONMESSAGE INC.

Mailing Address 705 MELVIN AVE. #105

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : **SB21B.I58**

Amount of Each Disbursement this Period

53024.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SB21B.I61**

Amount of Each Disbursement this Period

20.00

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

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

58044.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BELIEVE AGAIN

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SB21B.I62**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. THE GOVERNOR'S INN

Mailing Address 78 WAKEFIELD ST

City ROCHESTER State NH Zip Code 03867

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SB21B.I66**

Amount of Each Disbursement this Period

327.00

Full Name (Last, First, Middle Initial)

C. THE YARD RESTAURANT

Mailing Address 1211 SOUTH MAMMOTH ROAD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
VENUE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : **SB21B.I67**

Amount of Each Disbursement this Period

250.00

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

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

592.00

647898.24

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) BELIEVE AGAIN		FEC IDENTIFICATION NUMBER ▼ C C00571711	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee ONMESSAGE INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2015	
Mailing Address 705 MELVIN AVE. #105		Amount 41699.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24.64
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015	
Name of Federal Candidate BOBBY JINDAL		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		461032.00	

Full Name of Payee ONMESSAGE INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2015	
Mailing Address 705 MELVIN AVE. #105		Amount 419333.00	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24.65
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015	
Name of Federal Candidate BOBBY JINDAL		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		461032.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	461032.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	461032.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT YARBOROUGH

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015