

**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)  
 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. 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)..... ▶