SECRETARY'S PUBLIC

02 JUN 21 PM 2:51

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

CITIZENS FOR COCHRAN

ADDRESS (number and street) ▼ PO BOX 7183

☐ Check if different than previously reported. (ACC)

TUPELO | MS | 38802

2. FEC IDENTIFICATION NUMBER ▼ C00091892

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

STATE ▼ DISTRICT: MS | 00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

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

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

Election on 06 | 04 | 2002 in the State of MS

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

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

Election on ___ | ___ | ____ in the State of ___

5. Covering Period 04 | 01 | 2002 through 05 | 15 | 2002

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

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

Signature of Treasurer _____ Date 6 | 13 | 2002

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

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(Revised 1/2001)