RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
14 JUN 19 PM 4:06

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

Return Fax # is 662-840-6039

1. NAME OF COMMITTEE IN FULL: CITIZENS FOR COCHRAN
ADDRESS (number and street): PO BOX 7183
CITY, STATE, and ZIP CODE: TUPELO MS 38802

2. NAME OF CANDIDATE: THAD COCHRAN
3. OFFICE SOUGHT (State and District): Senate MS 00
4. FEC IDENTIFICATION NUMBER: C00091892

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ___/___/___

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Emergent BioSolutions Employees PAC 2273 Research Blvd., Ste 400 Rockville, MD 20877		6/18/14	$2,500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
AVMA PAC 1910 Sunderland Place, NW Washington, DC 20036-1642		6/18/14	$5,000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
Pork PAC P.O. Box 10383 Des Moines, IA 50306		6/18/14	$5,000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
Alfonse M. D'Amato 101 Park Avenue, Ste 2506 New York, NY 10178-2599	Park Strategies Occupation: Managing Director	6/18/14	$1,000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
Altria Group Inc. 101 Constitution Ave, NW Washington, DC 20001		6/18/14	$5,000.00

SIGNATURE (optional): JOHN M. ROBINSON CPA
DATE:

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

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 07/2011)

FE1AN053

14020422346

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1. NAME OF COMMITTEE IN FULL: CITIZENS FOR COCHRAN

ADDRESS (number and street): PO BOX 7163

CITY, STATE, and ZIP CODE: TUPELO MS 38802

2. NAME OF CANDIDATE: THAD COCHRAN

3. OFFICE SOUGHT (State and District): Senate MS 00

4. FEC IDENTIFICATION NUMBER: C00091692

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Emilia Fanjul 105 Jungle Road Palm Beach, FL 33480	N/A Homemaker	6/18/14	$2,000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
Independent Insurance Agents & Brokers of America, Inc. PAC 20 F Street, NW, Ste. 610 Washington, DC 20001		6/18/14	$5,000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
James T. Farris 886 Morris Tullos Dr. Morton, MS 39117	N/A Retired	6-19-14	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
Snoqualmie Tribe P.O. Box 969 Snoqualmie, WA 98065		6-19-14	1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount**
Duncan Alexander P.O. Box 366 Geneva, IL 60134	N/A Retired	6-19-14	5000.00

SIGNATURE (optional): JOHN M. ROBINSON CPA

DATE

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PAGE 1/1

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
Andrew Rellum 961 S. Gloster St. Tupelo MS 38801	Hematology-Oncology At Bridgepoint Occupation: Physician	6-19-14	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer / Occupation	Date (month, day, year)	Amount

SIGNATURE (optional): *JOHN M. ROBINSON CPA*
DATE:

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FEC FORM 6
(Revised 07/2011)

FE1AN063

14020422348

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7117
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____ Date of Receipt

USPS FIRST CLASS MAIL _____ Postmark

USPS REGISTERED/CERTIFIED _____ Postmark

USPS PRIORITY MAIL _____ Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____ Postmark

OVERNIGHT DELIVERY SERVICE:	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____ Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX 6-19-14 Date of Receipt

OTHER _____ Date of Receipt or Postmark

PREPARER DH DATE PREPARED 6-19-14

14020422349

SEN PATCH

SEN PATCH

1402042 2350