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SECRETARY OF THE SENATE

04 JAN 23 PM 12: 06

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00091892

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)

☐ Termination Report (TER)

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

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on ____ in the State of ____

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

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

Election on 11 | 05 | 2002 in the State of MS

5. Covering Period 10 | 17 | 2002 through 11 | 25 | 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 01 | 08 | 2004

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 02/2003)