SECRETARY OF THE SENATE

02 APR 17 PM 12:18

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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)

CITY: TUPELO STATE: MS ZIP CODE: 38802

2. **FEC IDENTIFICATION NUMBER**: C00091892

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

STATE: MS DISTRICT: 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 ___ In the State of ___

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

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

Election on ___ In the State of ___

5. Covering Period 01 01 2002 through 03 31 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: [signature] Date 04 12 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)