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SECRETARY OF THE SENATE
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Office use only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

1. NAME OF COMMITTEE (In full) ☐ (Check if name is changed) Example: If typing, type over the lines 12FE4M5

CITIZENS FOR COCHRAN

ADDRESS (number and street) PO BOX 7183

☐ (Check if address is changed)

TUPELO | MS | 38802 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 09 / 08 / 2003

3. FEC IDENTIFICATION NUMBER C C00091892

4. IS THIS STATEMENT NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement 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 09 / 08 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FORM 1
(Revised 02/2003)