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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

2. **FEC IDENTIFICATION NUMBER** ▼ C00091892

CITY ▲ STATE ▲ ZIP CODE ▲

STATE ▼ DISTRICT MS 00

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

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 07 01 2001 through 12 31 2001

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 John Robinson CPA Date 01 31 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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