48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

SECRETARY OF THE SENATE
02 JUN -3 PM 3:32

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

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

2. NAME OF CANDIDATE: THAD COCHRAN

3. OFFICE SOUGHT (State and District): MS US SENATE

Any information copied from such Reports and Statements 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.

4. FEC IDENTIFICATION NUMBER: C00091892

	Name of Employer / Occupation	Date (month, day, year)	Amount
A. Full Name, Mailing Address and ZIP Code: AMERICAN MEDICAL ASSN PAC, 1101 VERMONT AVE, WASHINGTON DC 20005	Name of Employer: PAC Occupation:	6/3/02	3,000
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): [signature]

DATE: 6/3/02

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

FS1AN003

FEC FORM 6
(Revised 1/2001)