

FEC
FORM 1

STATEMENT OF ORGANIZATION

PAGE 1 / 4

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PUBLIC INFORMATION

14 APR 28 AM 9:43
Office Use Only

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

CITY ▲

MS

STATE ▲

38802

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

MM / DD / YYYY
04 / 24 / 2014

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

John M. Robinson CPA
JOHN M. ROBINSON CPA

Date

MM / DD / YYYY
04 / 24 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

14020334498

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate THAD COCHRAN

Candidate Party Affiliation REP Office Sought: House Senate President State MS District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

1402033499

Write or Type Committee Name

CITIZENS FOR COCHRAN

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

2014 SENATORS CLASSIC COMMITTEE

Mailing Address

228 S WASHINGTON STREET SUITE 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

JOHN M. ROBINSON CPA

Mailing Address

P.O. BOX 7183

TUPELO

MS

38802

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

JOHN M. ROBINSON CPA

Mailing Address

P.O. BOX 7183

TUPELO

MS

38802

Title or Position

CITY

STATE

ZIP CODE

Telephone number

14020334500

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

Mailing Address

1909 K STREET NW

WASHINGTON

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

RENASANT BANK

Mailing Address

P.O. BOX 709

TUPELO

MS

38802

CITY

STATE

ZIP CODE

14020334501

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

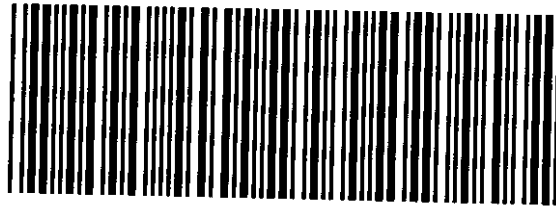
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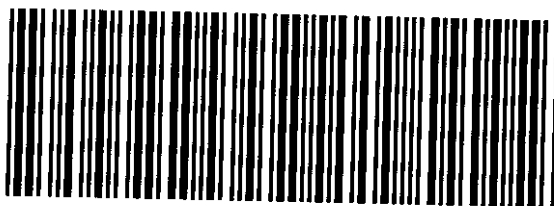
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Date of Receipt or Postmark

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SEN PATCH



SEN PATCH

14020334503