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FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT — Example: If typing, type over the lines. 12FE4M5

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

ADDRESS (number and street): 120 Maryland Ave. NE

☐ Check if different than previously reported. (ACC)

CITY: Washington — STATE: DC — ZIP CODE: 20002 -

2. FEC IDENTIFICATION NUMBER: C C00042366

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

4. STATE ___ DISTRICT ___ For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE) and/or Semi-annual Report
- ☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

- ☒ Feb 20 (M2)
- ☐ May 20 (M5)
- ☐ Aug 20 (M8)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3)
- ☐ Jun 20 (M6)
- ☐ Sep 20 (M9)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4)
- ☐ Jul 20 (M7) and/or Semi-annual Report
- ☐ Oct 20 (M10)
- ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Special (12S) ☐ Convention (12C)

Election on MM / DD / YYYY in the State of ___

This report also covers the semi-annual period ☐ See Line 6(b)

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of ___

This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

This report covers MM 01 / DD 01 / YYYY 2012 through MM 01 / DD 31 / YYYY 2012 and/or

(b) Semi-annual Covered Period

☐ January 1 - June 30
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: 559750.00

(b) Semi-annual Covered Period: ___

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: Deanna Nesburg

Signature of Treasurer: [signature]

Date: MM 07 / DD 20 / YYYY 2012

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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02/2009