FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
Office Use Only

12FE4 15 APR 15 PM 4 15

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

Bob Casey for Senate Inc

ADDRESS (number and street) ▼

PO Box 58746

Check if different than previously reported. (ACC)

CITY ▲ Philadelphia STATE ▲ PA ZIP CODE ▲ 19102 -

2. **FEC IDENTIFICATION NUMBER ▼**

C C00431056

3. IS THIS REPORT [ ] NEW (N) **OR** [X] AMENDED (A)

STATE ▼ PA DISTRICT 00

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)
- [ ] Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

[X] Primary (12P) [ ] General (12G) [ ] Runoff (12R)
[ ] Convention (12C) [ ] Special (12S)

Election on M M 04 / D D 24 / Y Y Y Y 2012 in the State of PA

(c) 30-Day **POST**-Election Report for the:

[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M 01 / D D 01 / Y Y Y Y 2012 through M M 04 / D D 04 / Y Y Y Y 2012

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 Charles Lyons

Signature of Treasurer *Charles Lyons* Date M M 04 / D D 15 / Y Y Y Y 2013

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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(Revised 02/2003)

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