SECRETARY OF THE SENATE

11 OCT 23 PM 4:16

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

1. NAME OF COMMITTEE (in full) — USE FEC MAILING OR 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)

Washington (CITY) DC (STATE) 20002 (ZIP CODE)

2. FEC IDENTIFICATION NUMBER: 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 - Party/PAC) (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 11 04 2014 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 ☐ ☐ ☐ in the State of ☐
This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s)
This report covers (a) Quarterly/Monthly/Pre-/Post-Election Covered Period 10/01/2014 through 10/15/2014 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 $0.00
(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 10/23/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

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