SECRETARY OF THE SENATE
10 FEB -3 AM 11: 12

FEC FORM 3L

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

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT — Example: If typing, type over the lines

Gillibrand for Senate

ADDRESS (number and street): 313 C Street NE

☐ Check if different than previously reported. (ACC)

CITY: Washington STATE: DC ZIP CODE: 20002

2. FEC IDENTIFICATION NUMBER: C00413914

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

4. STATE: NY DISTRICT: 00

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

(c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Run off (12R) [ ] Special (12S) [ ] Convention (12C)

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

Election on ____ in the State of ____

(c) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

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

Election on ____ in the State of ____

6. Covering Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: 10 01 2009 through 12 31 2009 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: Karen Feldman

Signature of Treasurer: Karen Feldman Date: 01 29 2010

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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02/2009

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