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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Senator Carl Levin

ADDRESS (number and street) ▼ 10 G Street, N.E., Suite 570

Check if different than previously reported. (ACC)

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

2. **FEC IDENTIFICATION NUMBER ▼**

C C00088484

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

STATE ▼ DISTRICT: MI 00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2009 through 09 / 30 / 2009

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 Tina Stoll

Signature of Treasurer *Tina Stoll* Tina Stoll Date 04 / 13 / 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.

Office Use

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