

**FEC FORM 3L**

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SECRETARY OF THE SENATE  
PUBLIC RECORDS

10 MAY 27 PM 4:03 AD

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

1. NAME OF COMMITTEE (in full) **Friends for Harry Reid** USE FEC MAILING LABEL OR TYPE OR PRINT Example: if typing, type over the lines

ADDRESS (number and street) **PO Box 19163**  
 Check if different than previously reported. (ACC)  
**Las Vegas** CITY **NV** STATE **89132** ZIP CODE

2. FEC IDENTIFICATION NUMBER **C00204370** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A) 4. STATE **NV** 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)  
 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)  Run off (12R)  Special (12S)  Convention (12C)  
 Election on **06** **08** **2010** in the State of **NV** This report also covers the semi-annual period  See Line 6(b)

(c) 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. Covering Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period **04** **01** **2010** through **05** **19** **2010** 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 **56150.00** (b) Semi-annual Covered Period **.00**

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 **Claude Zobel**  
 Signature of Treasurer *Claude Zobel* Date **05** **27** **2010**  
 Electronically Filed by Claude Zobel

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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