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. EC FORM 3L

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

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

McCaskill for Missouri 2012

ADDRESS (number and street): PO Box 300077

Check if different than previously reported. (ACC)

St. Louis (CITY) DC (STATE) 63130 - (ZIP CODE)

2. FEC IDENTIFICATION NUMBER: C C00431304

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

4. STATE: MO DISTRICT: 00 (For Candidates Only)

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- X 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) Runoff (12R) Special (12S) Convention (12C)

This report also covers the semi-annual period

Election on M M / D D / Y Y Y Y in the State of — See Line 6(b)

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

This report also covers the semi-annual period

Election on M M / D D / Y Y Y Y in the State of — See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

This report covers 04 01 2012 through 06 30 2012

(b) Semi-annual Covered Period

X January 1 - June 30 and/or July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: 34000.00

(b) Semi-annual Covered Period: 84250.00

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: Mrs. Kathryn Jayne Drennen

Signature of Treasurer: *Mrs. Kathryn Jayne Drennen*

Date: 07 13 2012

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

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