

FEC FORM 3L

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

NOV 23 PM 12:23

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

Udall for Colorado

ADDRESS (number and street) PO Box 40158

Check if different than previously reported. (ACC)

Denver CO 80204

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C00331439

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

4. STATE DISTRICT CO 00
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 - 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)

Election on M M M / D D D / Y Y Y Y Y Y Y Y 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 M M M / D D D / Y Y Y Y Y Y Y Y in the State of

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

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: This report covers M M M D D D Y Y Y Y Y Y Y Y through M M M D D D Y Y Y Y Y Y Y Y

(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 44900.00

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 Ms. Barbara A. Scott, Asst Treasurer

Signature of Treasurer Barbara A Scott Date M M M / D D D / Y Y Y Y Y Y Y Y

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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02/2009

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