

# FEC FORM 3L

SECRETARY OF THE SENATE

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

AM 10:16

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

DSCC

ADDRESS (number and street) 120 Maryland Ave NE

Check if different than previously reported. (ACC)

Washington DC 20002

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00042366

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

4. STATE DISTRICT

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 MM / DD / YYYYYY in the State of XX

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 MM / DD / YYYYYY in the State of XX

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 MM / DD / YYYYYY through MM / DD / YYYYYY

(b) Semi-annual Covered Period:  January 1 - June 30  July 1 - December 31

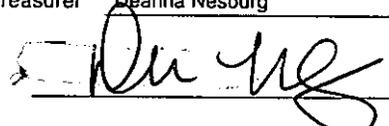
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: 1137200.00

(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 Deanna Nesburg

Signature of Treasurer  Date MM / DD / YYYYYY

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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