

FEC FORM 3L

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

PH 12:36

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

ADDRESS (number and street) PO Box 76187

Check if different than previously reported. (ACC) Washington DC 20013
 CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** C00264697
 3. IS THIS REPORT NEW (N) OR AMENDED (A)
 4. STATE DISTRICT OH 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 MM / DD / YYYY 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 / YYYY 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 / YYYY through MM / DD / YYYY
 (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 17666.88
 (b) Semi-annual Covered Period 40355.05

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 Judith G. Zamore

Signature of Treasurer Judith G. Zamore Date MM / DD / YYYY
07 / 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.

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