SECRETARY OF THE SENATE

2016 JAN 29 PM 5:34

FEC FORM 3L

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

1. NAME OF COMMITTEE (in full) — USE FEC MAILING OR TYPE OR PRINT — Example: if typing, type over the lines.

Catherine Cortez-Masto for Senate

12FE4M5

ADDRESS (number and street) 8020 South Rainbow Blvd

Suite 100-112

☐ Check if different than previously reported (ACC)

Las Vegas — CITY

NV — STATE

89139 — ZIP CODE

2. FEC IDENTIFICATION NUMBER: C00575548

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

4. STATE: NV DISTRICT: 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 - Party/PAC) (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 ____ 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 ____ 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 10 01 2015 through 12 31 2015

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	(b) Semi-Annual Covered Period
44950.83	54870.98

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 Asst. Steven Mele

Signature of Treasurer Asst. 01 29 2016

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

Office Use Only							

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