

# FEC FORM 3L

SECRETARY OF THE SENATE

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

1 APR 20 AM 9:57

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

F r i e n d s o f M i k e H

ADDRESS (number and street) 6 1 0 S . B o u l e v a r d

Check if different than previously reported. (ACC) T a m p a CITY FL STATE 3 3 6 0 6 ZIP CODE

2. FEC IDENTIFICATION NUMBER C 0 0 4 9 2 2 3 1

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

4. STATE DISTRICT FL

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 / D D / 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 / D D / 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 / D D / Y Y Y Y through M M / D D / 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

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period 7 6 7 0 0 0 0

(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 Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins

Date

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

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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