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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Carper For Senate

ADDRESS (number and street) ▼ 19 East Commons Blvd 2nd Floor

☐ Check if different than previously reported. (ACC)

CITY ▲ New Castle STATE ▲ DE ZIP CODE ▲ 19720

2. FEC IDENTIFICATION NUMBER ▼ C00349217

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

STATE ▼ DISTRICT DE 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- x October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on ____ in the State of ____

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2005 through 09 30 2005

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 Andrew Lippstone

Signature of Treasurer Andrew Lippstone Date 10 14 2005

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

FEC FORM 3
(Revised 02/2003)