

# FEC FORM 3L

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

SECRETARY OF THE SENATE  
15 JAN 30 PM 3:20

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

ADDRESS (number and street) **P.O. Box 1063**  
 Check if different than previously reported. (ACC) **Charleston** **WV** **25324**  
**CITY STATE ZIP CODE**

2. **FEC IDENTIFICATION NUMBER** **C** **C00549592**  
 3. IS THIS REPORT  **NEW (N)** OR  **AMENDED (A)**  
 4. **STATE** **WV** **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 - 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) This report also covers the semi-annual period  
 Special (12S) Convention (12C)  
 Election on M D Y Y in the State of See Line 6(b)  
 (d) 30-Day POST-Election Report for the:  
 General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period  
 Election on in the State of See Line 6(b)

6. Covered Period(s)  
 (a) Quarterly/Monthly/Pre-/Post-Election Covered Period  
 This report covers 11 25 2014 through 12 31 2014 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 **0.00**  
 (b) Semi-annual Covered Period **19057.00**

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 **Arden J. Curry II**  
 Signature of Treasurer *Arden J. Curry II* Date **01 30 2015**

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