FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED.
SECRETARY OF THE SENATE
12 OCT 24 AM 11: 24
Office Use Only

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

Ben Cardin for Senate, Inc.

ADDRESS (number and street) ▼ P.O. Box 21093

☐ Check if different than previously reported. (ACC)

Catonsville — CITY ▲ — MD — STATE ▲ — 21228 — ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00411587

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

STATE ▼ MD — DISTRICT 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ 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 MM 11 / DD 06 / YYYY 2012 in the State of MD

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2012 through MM 10 / DD 17 / YYYY 2012

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 Edwin Hale

Signature of Treasurer _____ Date MM 10 / DD 25 / YYYY 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.

Office Use Only							

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