

FEC FORM 3L

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

SECRETARY OF STATE
14 DEC -4 PM 5:08

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
Hagan for U.S. Senate, Inc.

ADDRESS (number and street) **PO Box 29103**
 Check if different than previously reported. (ACC) **Greensboro** **NC** **27429**
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER
C **C00457622**

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

4. STATE DISTRICT
NC **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)
- 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 (b) Semi-annual Covered Period
This report covers / / through / / and/or 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
 26124.50

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 **Dwight M. Davidson III**

Signature of Treasurer *Dwight M. Davidson III*

Date / /
12 / **04** / **2014**

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

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| Office Use Only | | | | | | | | | |
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