SECRETARY OF THE SENATE
15 APR 15 PM 1:43

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Sessions Senate Committee, Inc.

ADDRESS (number and street) ▼ Post Office Box 4278

Check if different than previously reported. (ACC)

CITY ▲ Montgomery — STATE ▲ AL — ZIP CODE ▲ 36103 -

2. FEC IDENTIFICATION NUMBER ▼

C C00306704

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

STATE ▼ AL — DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [X] 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 ____ 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 01 01 2015 through 03 31 2015

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 Anita Barrera

Signature of Treasurer ____ Date 04 07 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.

Office Use Only							

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FEC FORM 3 (Revised 02/2003)