

FEC FORM 3L

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

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

13 JAN 31 PH 1:24

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

Heidi for Senate

ADDRESS (number and street) PO Box 1577

Check if different than previously reported. (ACC) Bismarck ND 58502 -

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C C00505552

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

4. STATE DISTRICT

ND

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 MM / DD / YYYY in the State of XX

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 MM / DD / YYYY in the State of XX

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 MM / DD / YYYY through MM / DD / YYYY 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

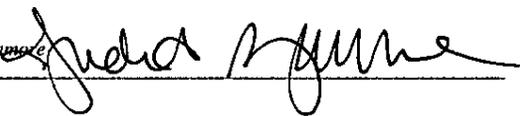
(b) Semi-annual Covered Period

0.00 70617.00

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 Judith Zamore

Signature of Treasurer

Judith Zamore 

Date

MM / DD / YYYY
01 / 31 / 2013

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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