FEC FORM 3L

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SECRETARY OF THE SENATE
11 SEP 20 PM 4: 54

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

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** — Example: If typing, type over the lines

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

ADDRESS (number and street): 120 Maryland Ave. NE

Check if different than previously reported. (ACC)

CITY: Washington | STATE: DC | ZIP CODE: 20002

2. **FEC IDENTIFICATION NUMBER**: C00042366

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

4. STATE: DC | DISTRICT:

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)	X Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7) and/or Semi-annual R eport	Oct 20 (M10)	Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Run off (12R) Special (12S) Convention (12C) — This report also covers the semi-annual period

Election on _____ in the State of _____ See Line 6(b)

(c) 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. Covering Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period: 08 01 2011 through 08 31 2011 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:

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: Deanna Nesburg

Signature of Treasurer: _____ Date: 09 20 2011

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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