

FEC FORM 3L

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

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
18 APR 18 PM 3:57

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

ADDRESS (number and street) **192 Lexington Avenue**
Suite 1001
 Check if different than previously reported. (ACC) **New York** **NY** **10016**
CITY STATE ZIP CODE

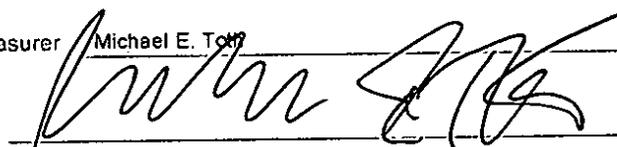
2. FEC IDENTIFICATION NUMBER **C** **C00346312**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
4. STATE DISTRICT **NY** **00**
For Candidates Only

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 **01** / **01** / **2016** through **03** / **31** / **2016** 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
94250.00 **0.00**

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 **Michael E. Tom**
Signature of Treasurer  Date **04** / **13** / **2016**

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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