

FEC FORM 3L

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

1. NAME OF COMMITTEE (in full)		TYPE OR PRINT	Example: If typing, type over the lines.		12FE4M5	
Joe Morelle for Congress						
ADDRESS (number and street)		P.O. Box 90914				
☐	Check if different than previously reported. (ACC)	Rochester	NY	14609		
		CITY	STATE	ZIP CODE		
2. FEC IDENTIFICATION NUMBER		3. IS THIS REPORT			4. STATE DISTRICT	
C C00675108		☒ NEW (N) OR ☐ AMENDED (A)			NY 25	
					For Candidates Only	
5. TYPE OF REPORT (Choose One)		(b) Monthly Report Due On:				
(a) Quarterly Reports:		☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)				
☒ April 15 Quarterly Report (Q1)		☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)				
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report		☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report				
☐ October 15 Quarterly Report (Q3)		(c) 12-Day PRE-Election Report for the:				
☐ January 31 Year-End Report (YE) and/or Semi-annual Report		☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)				
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		☐ Special (12S) ☐ Convention (12C)				
		Election on M M M / D D D / Y Y Y Y Y Y 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 M M M / D D D / Y Y Y Y Y Y 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		M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y and/or			January 1 - June 30	
		01 01 2026 through 03 31 2026			☐ 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				

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 Olsen, Josie, , ,

Signature of Treasurer Olsen, Josie, , ,

Date 04 / 15 / 2026

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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02/2009