

## FEC FORM 3L

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|--------------------------|
| 1. NAME OF COMMITTEE (in full)<br><b>Bob Casey for Senate Inc</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | TYPE OR PRINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Example: If typing, type over the lines.<br><b>12FE4M5</b> |                          |
| ADDRESS (number and street)<br><b>PO Box 58746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                            |                          |
| <input type="checkbox"/> Check if different than previously reported. (ACC)                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Philadelphia</b><br>CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>PA</b><br>STATE                                         | <b>19102</b><br>ZIP CODE |
| 2. FEC IDENTIFICATION NUMBER<br><b>C C00431056</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 3. IS THIS REPORT<br><input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 4. STATE DISTRICT<br><b>PA</b><br>For Candidates Only      |                          |
| 5. TYPE OF REPORT<br>(Choose One)<br>(a) Quarterly Reports:<br><input type="checkbox"/> April 15 Quarterly Report (Q1)<br><input type="checkbox"/> July 15 Quarterly Report (Q2) and/or Semi-annual Report<br><input type="checkbox"/> October 15 Quarterly Report (Q3)<br><input checked="" type="checkbox"/> January 31 Year-End Report (YE) and/or Semi-annual Report<br><input type="checkbox"/> July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report |  | (b) Monthly Report Due On:<br><input type="checkbox"/> Feb 20 (M2) <input type="checkbox"/> May 20 (M5) <input type="checkbox"/> Aug 20 (M8) <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)<br><input type="checkbox"/> Mar 20 (M3) <input type="checkbox"/> Jun 20 (M6) <input type="checkbox"/> Sep 20 (M9) <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)<br><input type="checkbox"/> Apr 20 (M4) <input type="checkbox"/> Jul 20 (M7) and/or Semi-annual Report <input type="checkbox"/> Oct 20 (M10) <input type="checkbox"/> Jan 31 (YE) and/or Semi-annual Report<br>(c) 12-Day PRE-Election Report for the:<br><input type="checkbox"/> Primary (12P) <input type="checkbox"/> General (12G) <input type="checkbox"/> Runoff (12R)<br><input type="checkbox"/> Special (12S) <input type="checkbox"/> Convention (12C)<br>Election on <input type="text"/> / <input type="text"/> / <input type="text"/> in the State of <input type="text"/><br>This report also covers the semi-annual period <input type="checkbox"/> See Line 6(b)<br>(d) 30-Day POST-Election Report for the:<br><input type="checkbox"/> General (30G) <input type="checkbox"/> Runoff (30R) <input type="checkbox"/> Special (30S)<br>Election on <input type="text"/> / <input type="text"/> / <input type="text"/> in the State of <input type="text"/><br>This report also covers the semi-annual period <input type="checkbox"/> See Line 6(b) |  |                                                            |                          |
| 6. Covered Period(s)<br>(a) Quarterly/Monthly/Pre-/Post-Election Covered Period<br>This report covers <input type="text"/> / <input type="text"/> / <input type="text"/> through <input type="text"/> / <input type="text"/> / <input type="text"/> and/or <input type="checkbox"/> January 1 - June 30<br><input checked="" type="checkbox"/> July 1 - December 31<br>(b) Semi-annual Covered Period                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                            |                          |
| 7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs<br>(a) Quarterly/Monthly/Pre-/Post-Election Covered Period <input type="text"/> 0.00<br>(b) Semi-annual Covered Period <input type="text"/> 288332.34                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                            |                          |

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 **Lyons, Charles, ,**Signature of Treasurer **Lyons, Charles, ,** Date  01 /  31 /  2025

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  
OnlyFEC FORM 3L  
02/2009

**SCHEDULE A (FEC Form 3L)****REPORTABLE BUNDLED CONTRIBUTIONS FORWARDED BY OR CREDITED TO LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Bob Casey for Senate Inc

**A. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

American Israel Public Affairs Committee PAC

Mailing Address 2100 Arch St

| City         | State | Zip Code   |
|--------------|-------|------------|
| Philadelphia | PA    | 19103-1300 |

FEC ID number of Lobbyist/Registrant PAC, if applicable. C C00797670

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

0.00

Semi-annual Covered Period

120148.92

Transaction ID : 3LA111126170

**B. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

JStreetPAC

Mailing Address PO Box 33106

| City       | State | Zip Code   |
|------------|-------|------------|
| Washington | DC    | 20033-0106 |

FEC ID number of Lobbyist/Registrant PAC, if applicable. C C00441949

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

0.00

Semi-annual Covered Period

168183.42

Transaction ID : 3LA111133337

**C. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

FEC ID number of Lobbyist/Registrant PAC, if applicable. C

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

Semi-annual Covered Period

**D. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

FEC ID number of Lobbyist/Registrant PAC, if applicable. C

Name of Employer

Reportable Bundled Contributions during:

Quarterly / Monthly / Pre-Election  
or Post-Election Covered Period

Semi-annual Covered Period

|                                                  | Quarterly/Monthly/Pre-/Post-Election Covered Period |
|--------------------------------------------------|-----------------------------------------------------|
| <b>SUBTOTAL</b> reported on this page (optional) | 0.00                                                |

|                                        |      |
|----------------------------------------|------|
| <b>TOTAL</b> reported (last page only) | 0.00 |
|----------------------------------------|------|

|           |
|-----------|
| 288332.34 |
|-----------|

288332.34