

FEC FORM 3L

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

1. NAME OF COMMITTEE (in full) Friends of Schumer		TYPE OR PRINT 12FE4M5		Example: If typing, type over the lines.	
ADDRESS (number and street) 192 Lexington Avenue Suite 1001 New York		NY		10016	
☐ Check if different than previously reported. (ACC)		CITY		STATE	
2. FEC IDENTIFICATION NUMBER C C00346312		3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)		4. STATE DISTRICT 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 M M M / D D D / Y Y Y Y Y Y Y in the State of (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 Y in the State of This report also covers the semi-annual period ☐ See Line 6(b)			
6. Covered Period(s) This report covers M M M / D D D / Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y and/or January 1 - June 30 July 1 - December 31		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period M M M / D D D / Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y (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 149400.00 (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 **Dimas, Constantine, , ,**

Signature of Treasurer

Dimas, Constantine, , ,**[Electronically Filed]** Date**10****15****2021**

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

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)

Friends of Schumer

A. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC
American Council Of Life Insurers PACMailing Address 101 Constitution Ave NW
Ste 700

City Washington State DC Zip Code 20001-2133

FEC ID number of Lobbyist/Registrant PAC, if applicable. C C00147066

Name of Employer

Reportable Bundled Contributions during:

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

46200.00

Semi-annual Covered Period

0.00

Transaction ID : 3LAVTF54AAE871**B. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**
American Health Care Association Political Action Committee

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

FEC ID number of Lobbyist/Registrant PAC, if applicable. C C00006080

Name of Employer

Reportable Bundled Contributions during:

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

37200.00

Semi-annual Covered Period

0.00

Transaction ID : 3LAVTF54AADGS3**C. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC**
Eyles, Matt, , ,Mailing Address 601 Pennsylvania Ave NW
Ste 500

City Washington State DC Zip Code 20004-2601

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

Name of Employer
American Health Insurance Plans

Reportable Bundled Contributions during:

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

66000.00

Semi-annual Covered Period

0.00

Transaction ID : 3LAVTF5415X84V5**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

0.00

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

SUBTOTAL reported on this page (optional)

149400.00

TOTAL reported (last page only)

149400.00

Semi-annual Covered Period

0.00