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FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

1. NAME OF COMMITTEE (in full) — USE FEC MAILING OR TYPE OR PRINT — Example: if typing, type over the lines. 12FE4M5

Russ for Wisconsin

ADDRESS (number and street) PO Box 620061

☐ Check if different than previously reported (ACC)

CITY	STATE	ZIP CODE
Middleton	WI	53562

2. FEC IDENTIFICATION NUMBER: C00578013

3. IS THIS REPORT ☑ NEW (N) OR ☐ AMENDED (A)

4. STATE: WI DISTRICT: 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 - Party/PAC) (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: This report covers 10 01 2015 through 12 31 2015

(b) Semi-Annual Covered Period: 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
137322.95	233865.95

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 ~~Joe Sensenbrenner~~ Christopher Lauderbeck, Assistant Treasurer

Signature of Treasurer [signature] 01 29 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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