

# FEC FORM 3L

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

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS  
15 JUL 20 AM 10:43

1. NAME OF COMMITTEE (in full) **Tammy Baldwin for Senate** TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **PO Box 696**  
Check if different than previously reported. (ACC) **Madison** CITY **WI** STATE **53701** ZIP CODE

2. FEC IDENTIFICATION NUMBER **C C00326801** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A) 4. STATE DISTRICT **WI 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) This report also covers the semi-annual period  
Special (12S) Convention (12C)  
Election on M M / D D / Y Y Y Y in the State of See Line 6(b)  
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period  
Election on M M / D D / Y Y Y Y in the State of See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
This report covers 04 01 2015 through 06 30 2015 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  
**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 **Mr. Michael F. Childers**  
Signature of Treasurer *Mr. Michael F. Childers* Date **07 15 2015**

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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