

FEC FORM 1

STATEMENT OF ORGANIZATION

PAGE 1 / 4
RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Office Use Only
15 JUN -9 AM 10:44

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Russ for Wisconsin

ADDRESS (number and street) PO Box 620061

(Check if address is changed)

Middleton
CITY

WI
STATE

53562
ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

info@russfeingold.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.russfeingold.com

2. DATE

06/03/2015

3. FEC IDENTIFICATION NUMBER

C C00578013

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

~~Joe Sensenbrenner~~ Christopher Louderback Asst. Treasurer

Signature of Treasurer

Date

6/3/15

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

15020173303

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Russ D Feingold

Candidate Party Affiliation Office Sought House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e. nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----------|---------------|--------------------------------|----------------------|
| 1. _____ | FEC ID Number | <input type="text" value="C"/> | <input type="text"/> |
| 2. _____ | FEC ID Number | <input type="text" value="C"/> | <input type="text"/> |
| 3. _____ | FEC ID Number | <input type="text" value="C"/> | <input type="text"/> |
| 4. _____ | FEC ID Number | <input type="text" value="C"/> | <input type="text"/> |

15020173304

Write or Type Committee Name

Russ for Wisconsin

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

- Connected Organization
- Affiliated Committee
- Joint Fundraising Representative
- Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Christopher Louderback

Mailing Address PO Box 620061

Middleton

CITY

WI

STATE

53562

ZIP CODE

Title or Position

Assistant Treasurer

Telephone Number

8. Treasurer: List the name, address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Joe Sensenbrenner

Mailing Address PO Box 620061

Middleton

CITY

WI

STATE

53562

ZIP CODE

Title or Position

Treasurer

Telephone Number

15020173305

Full Name of Designated Agent Christopher Louderback

Mailing Address PO Box 620061

Middleton CITY

WI STATE

53562

ZIP CODE

Title or Position

Assistant Treasurer

Telephone Number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Park Bank

Mailing Address Old Sauk Business Park

8001 Excelsior Drive

Madison

CITY

WI

STATE

53717

ZIP CODE

Name of Bank, Depository, etc.

Woodsboro Bank

Mailing Address 6 W Patrick St

Frederick

CITY

MD

STATE

21701

ZIP CODE

15020173306

15020173307

PRESS FIRMLY TO SEAL

PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.

Label 11B
USPS
POSTAL SERVICE

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



PS 10001000006

VISIT US AT **USPS.COM**®
ORDER FREE SUPPLIES ONLINE

Money back guarantee for U.S. destinations only.



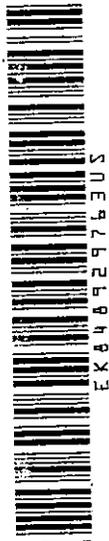
UNITED STATES
POSTAL SERVICE.

PRESS FIRMLY TO SEAL

U.S. POSTAGE
PAID
MIDDLETON, WI
53502
JUN 03, 15
AMOUNT
\$19.99
00111805-12



1007



EX848929763US

PRIORITY
★ MAIL ★
EXPRESS™



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

NAME ()

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt Service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

- Delivery Options
 - No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery Required (additional fee, where available)
 - 10:30 AM Delivery Required (additional fee, where available)

TO: (PLEASE PRINT)

PHONE ()

P.O. Box 77576
Washington DC
20013

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

| | | | |
|---|---|--|------------------------------------|
| ORIGIN (POSTAL SERVICE USE ONLY) | | Military <input type="checkbox"/> DPO <input type="checkbox"/> | |
| <input type="checkbox"/> 1-Day | <input type="checkbox"/> 2-Day | Date Accepted (MM/DD/YY) | Scheduled Delivery Date (MM/DD/YY) |
| <input type="checkbox"/> AM | <input type="checkbox"/> PM | Time Accepted | Scheduled Delivery Time |
| <input type="checkbox"/> Flat Rate | <input type="checkbox"/> Priority | Weight | Insurance Fee |
| <input type="checkbox"/> Sunday/Holiday Premium Fee | <input type="checkbox"/> Acceptance Employee Initials | Return Receipt Fee | Live Animal Transportation |
| \$ | \$ | \$ | \$ |
| DELIVERY (POSTAL SERVICE USE ONLY) | | Employee Signature | |
| Delivery Attempt (MM/DD/YY) Time | Employee Signature | Delivery Attempt (MM/DD/YY) Time | Employee Signature |
| 6-5-15 11:00 AM | [Signature] | 6-5-15 11:00 AM | [Signature] |
| Total Postage & Fees | | \$ | |

LABEL 11B, JANUARY 2014 PSN 7890-02-000-8998 3-ADDRESSEE COPY

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark **6-3-15**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

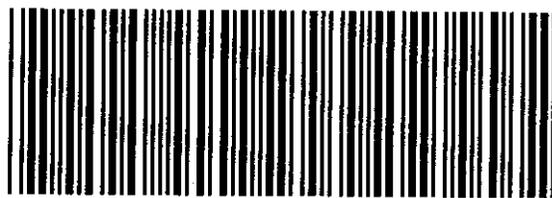
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

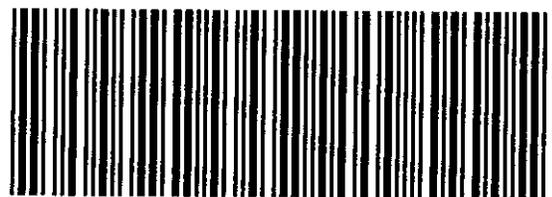
OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **6-9-15**

15020173308



SEN PATCH



SEN PATCH

15020173309