**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Wisconsin Federal 15 N. Pinckney St ADDRESS (number and street) Suite 200 (Check if address is changed) Madison 53703 WI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address reporting@wisdems.org is changed) Optional Second E-Mail Address admin@reconcilestrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.wisdems.org (Check if address is changed) DATE 2025 C00019331 FEC IDENTIFICATION NUMBER > 3. X 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 Udell, Randy, A., , 11 12 2025 Signature of Treasurer Udell, Randy, A.,, Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

_	_	
		Revised 03/2022) Page <b>2</b>
		F COMMITTEE:
		ate Committee:
(a)	Ш	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 Candid	date
	Candid Party A	date Office State Affiliation Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name	e of _
	Cand	didate
Pa	arty C	Committee:
(d)		This committee is a STA (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party
Po	olitica	Il 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.)
(g)		This committee is an independent expenditure-only political committee (Super PAC).
		In addition, this committee is a Lobbyist/Registrant PAC.
(h)		This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
		In addition, this committee is a Lobbyist/Registrant PAC.
Jo	oint F	undraising Representative:
(i)		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.
(j)		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.
	Comr	mittees Participating in Joint Fundraiser
	1.	C
	2.	C

1	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	rite or Type Committee Name	of Wissensin Foderal	
_	•	y of Wisconsin Federal	
6.	-	rganization, Affiliated Committee, Joint Fundraising Representat	live, or Leadership PAC Sponsor
	DNC WI State Party	Jictory Fund	
	Mailing Address	430 South Capitol St SE	
		Washington	20003
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repres	sentative Leadership PAC Spons
	_		
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the pe	erson in possession of committee
	Udell, Rand	ly, A., ,	
	Full Name		
	Mailing Address	15 N. Pinckney St	
		Madison	53703
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	608 - 336 - 3217
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commissistant treasurer).	ittee; and the name and address of
	Full Name Udell, Rand	ly, A., ,	
	of Treasurer	45 N Sixtan 20	
	Mailing Address	15 N. Pinckney St	
		Suite 200	
		Madison WI	53703
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	608 - 336 - 3217

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Full Name of Designated Agent		
Mailing Address		
		STATE ▲ ZIP CODE ▲
Title or Position	<b>▼</b>	
	Telephone numb	er
	<b>Depositories:</b> List all banks or other depositories in which the committee oxes or maintains funds.	deposits funds, holds accounts, rents
Name of Bank,	Depository, etc.	
	Amalgamated Bank	
Mailing Address	275 Seventh Ave	
	New York	NY 10011 -   -
	CITY ▲ S	TATE ▲ ZIP CODE ▲
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY ▲ S	TATE ▲ ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fund	raising Representative	. or Leadership PAC Spons
Baldwin Wisconsin V			
Mailing Address	PO Box 259965		
	Madison	WI	53725
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Ident	fy by name, address (phone number - optional)		
esignated Agent: Ident	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP
Full Name	CITY ▲  CITY ▲  ories: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ories: List all banks or other depositories in which naintains funds.  Siated Bank  3002 Fish Hatchery Rd	Telephone Number the committee deposits	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	CITY ▲  CITY ▲  ories: List all banks or other depositories in which naintains funds.  siated Bank	elephone Number	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	FEC ID number	
		С
	FEC ID number	С
	FEC ID number	C
	FEC ID number	С
Ourseitskien Affiliated Ourseither Island	Eventualisis of December 1	a and and analysis DAO Consu
ots Victory Fund	rundraising nepresentativ	e, or Leadership PAC Spons
430 South Capitol Street SE		
Washington	DC	20003
CITY ▲	STATE A	ZIP CODE ▲
CITY A	STATE A	ZIP CODE A
	430 South Capitol Street SE  Washington  CITY   d Organization  Affiliated Committee	430 South Capitol Street SE  Washington  CITY ▲  STATE ▲

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1 aye	O.	

h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	indraising Representativ	ve, or Leadership PAC Spons
Harris Victory Fund			
Mailing Address	430 South Capitol Street SE		
J. J			
	Washington	, DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE A
		0	002
Connecte	d Organization Affiliated Committee X	loint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
Connecte esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional		
esignated Agent: Identif	y by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	y by name, address (phone number – optional		
esignated Agent: Identification  Full Name  Mailing Address	y by name, address (phone number – optional	STATE A	
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the property of the propert	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite dafety deposit boxes or mane of Bank,	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in who	STATE A Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	Indraising Representativ	e, or Leadership PAC Spons
Baldwin for Wisconsi			,
Mailing Address	PO Box 696		
	Madison	WI	53701
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected  Pesignated Agent: Identify	d Organization Affiliated Committee X  by hame, address (phone number – optional	loint Fundraising Represent	
Designated Agent: Identify Full Name			
Designated Agent: Identify			
Designated Agent: Identify Full Name			
Designated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional		ZIP CODE A
Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	by name, address (phone number – optional		
Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in whatintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in whatintains funds.	STATE A  Telephone Number	ZIP CODE A