

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL TIFFANY FOR WISCONSIN, INC.				
ADDRESS (number and street) PO BOX 1007				
CITY WAUSAU		STATE WI		ZIP CODE 54402-1007
2. NAME OF CANDIDATE TIFFANY, TOM, , ,			3. OFFICE SOUGHT (State and District) House WI 07	
4. FEC IDENTIFICATION NUMBER C00718635				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____				
A. FULL NAME DAUBE, RYAN, , ,				Name of Employer SELF
MAILING ADDRESS 308 HAMILTON COURT				Date (month, day, year) 07/25/2022
Transaction ID : 61ADE690CA1E0435				Amount 1000.00
CITY LINCOLNSHIRE	STATE IL	ZIP CODE 60069	Occupation BUSINESS OWNER	
B. FULL NAME PAWLACYK, THOMAS, J, ,				Name of Employer RETIRED
MAILING ADDRESS 5608 RICHTER LANE				Date (month, day, year) 07/25/2022
Transaction ID : 63C7B0D7DE11B4E1				Amount 1000.00
CITY LARSEN	STATE WI	ZIP CODE 54947	Occupation RETIRED	
C. FULL NAME REALTORS PAC				Name of Employer
MAILING ADDRESS 430 N MICHIGAN AVENUE				Date (month, day, year) 07/25/2022
Transaction ID : 6EB641359623E4032				Amount 2000.00
CITY CHICAGO	STATE IL	ZIP CODE 60611	Occupation	
D. FULL NAME				Name of Employer
MAILING ADDRESS				Date (month, day, year)
CITY	STATE	ZIP CODE	Occupation	
E. FULL NAME				Name of Employer
MAILING ADDRESS				Date (month, day, year)
CITY	STATE	ZIP CODE	Occupation	
SIGNATURE (optional) KOTH, FRED, , ,			DATE 07/25/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]				

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)