FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed)   Example: If typing, type over the lines.   12FE4M5

Tammy Baldwin Victory Committee

ADDRESS (number and street)   **15 North Pinckney Street, Ste 200**

☐ (Check if address is changed)   **Madison**   **WI** **53703** -

CITY   STATE   ZIP CODE

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

☐ (Check if address is changed)   **michaelfraychilders@yahoo.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

☐ (Check if address is changed)

2. DATE   **07 / 1 / 2014**

3. FEC IDENTIFICATION NUMBER   C

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   **John W. Miller**

Signature of Treasurer _____   Date   **06 25 2014**

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)

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 |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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. Tammy Baldwin for Senate |_|_|_|_|_| FEC ID number C00326801

2. People's Voice PAC |_|_|_|_|_|_|_|_|_| FEC ID number C00410092

3. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| FEC ID number C

4. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| FEC ID number C

1403-127-34481

Write or Type Committee Name

Tammy Baldwin Victory Committee

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

Mailing Address

CITY   STATE   ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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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: **Michael F. Childers**

Mailing Address: **PO Box 482**

La Pointe | **WI** | **54850** - **0482**

Title or Position   CITY   STATE   ZIP CODE

Financial Management   Telephone number **608** - **576** - **8426**

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8. Treasurer: List the name and 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 of Treasurer: **John W. Miller**

Mailing Address: **N74W7928 Harvest Lane**

Cedarburg | **WI** | **53012** - **1749**

CITY   STATE   ZIP CODE

Title or Position

Treasurer   Telephone number **920** - **889** - **9035**

Full Name of
Designated
Agent   Michael F. Childers

Mailing Address   Po Box 482

La Pointe   WI   54850   -0482

                         CITY   STATE   ZIP CODE

Title or Position
Assistant Treasurer   Telephone number   608 - 576 - 8426

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.

                         Bank Mutual

Mailing Address   23 South Pinckney Street

Madison   WI   53703   -

                         CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

                         CITY   STATE   ZIP CODE

Equality
FOREVER

USA

MADISON WI 535

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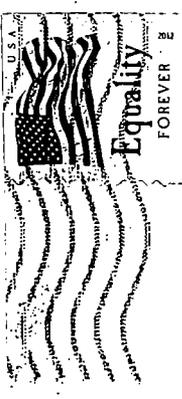
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FEC MAIL CENTER

IBVC
5 N Pinckney St, Ste 200
Madison, WI 53703

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

204630