

FEC FORM 3L

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

1. NAME OF COMMITTEE (in full)		TYPE OR PRINT		Example: If typing, type over the lines.		12FE4M5	
Tammy Baldwin for Senate							
ADDRESS (number and street)		PO Box 696					
☐	Check if different than previously reported. (ACC)	Madison		WI		53701	
		CITY		STATE		ZIP CODE	
2. FEC IDENTIFICATION NUMBER				3. IS THIS REPORT		4. STATE DISTRICT	
C C00326801				☒ NEW (N) OR ☐ AMENDED (A)		For Candidates Only	
5. TYPE OF REPORT (Choose One) (a) Quarterly Reports:		(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					
☐ 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		(c) 12-Day PRE-Election Report for the:				This report also covers the semi-annual period ☐ See Line 6(b)	
		☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)					
		☐ Special (12S) ☐ Convention (12C)					
		Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of 					
		(d) 30-Day POST-Election Report for the:				This report also covers the semi-annual period ☐ See Line 6(b)	
		☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)					
		☐ Special (30S)					
		Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of 					
6. Covered Period(s)		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period				(b) Semi-annual Covered Period	
This report covers		M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y and/or				☐ January 1 - June 30 ☐ July 1 - December 31	
		07 / 01 / 2021 through 09 / 30 / 2021					
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 Childers, Michael, , ,

 Signature of Treasurer Childers, Michael, , , **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y Y Y
10 / 13 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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02/2009